

NO3000001637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

Special Instructions to Filing Officer:

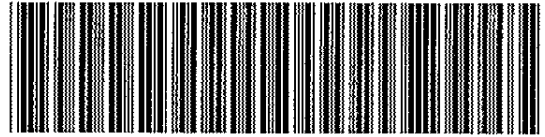
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2/25

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DIVISION OF CORPORATION

03 FEB 25 PM 12:52

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02/25/03--01054--001 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB 25 PM 1:04

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CENTER FOR NONPROFIT EXCELLENCE INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JUDY JONES-COLSTON
Name (Printed or typed)

2020 Wildridge Dr.
Address

Tallahassee, FL 32303
City, State & Zip

850-668-3316
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Center For Nonprofit Excellence Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2020 Wildridge Dr.
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide information, training and education about the management and operation of nonprofit and community based organizations.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The method of election of directors will be stated in the bylaws.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

| | | |
|---------------------------|------------------------------|-----------------------|
| Judy Jones-Colston, Pres. | Kelly M. Jones-Wallyer, Sec. | Rossetta Bobo-Seamon |
| 2020 Wildridge Dr. | 2601 Salem Crossing | 1122 Seminole Dr. |
| Tallahassee, FL 32303 | Tucker, GA 30084 | Tallahassee, FL 32301 |

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Judy Jones-Colston
2020 Wildridge Dr.
Tallahassee, FL 32303

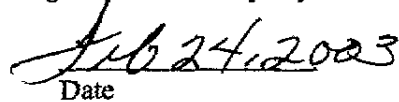
ARTICLE VII INCORPORATOR

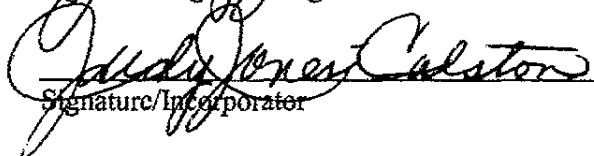
The name and address of the Incorporator is:

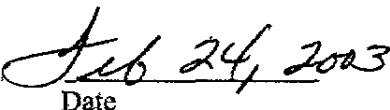
Judy Jones-Colston
2020 Wildridge Dr.
Tallahassee, FL 32303

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent


Date


Signature/Incorporator


Date

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DIVISION OF CORPORATIONS
03 FEB 25 PM 1:04