

NO3000007379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

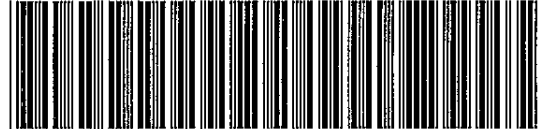
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 AUG 26 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

03 AUG 26 PM 2:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

300 6/1/04

TRANSMITTAL LETTER

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

Glades County Community Development Financial Institution, Inc.
SUBJECT: _____
(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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Lee Vickson

Name (Printed or typed)

P. O. Box 617442

Address

Orlando, FL 32861

City, State & Zip

(407) 296-0243

Daytime Telephone number

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

ARTICLE OF INCORPORATION

The undersigned, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt (s) the following Article of Incorporation:

ARTICLE I - NAME

The name of the corporation shall be:

Glades County Community Development Financial Institution, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
P. O. Box 617442
Orlando, FL 32861

ARTICLE III - PURPOSE (S)

To provide financial assistance and support to low income, distress, underserved people and their communities for social and economical development as a Community Development Financial Entity in order to help and assist these poverty stricken communities to build self-esteem that will empower God's people to become self-sufficient and instill in them self-dignity, self motivation and self-worth in each target area.

ARTICLE IV - MANNER OF ELECTION OF DIRECTORS

On an annual basis by way of secret ballot as directed by the board.

ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lee Vickson

925 S. Ivey Lane
Orlando, FL 32811

ARTICLE VI - INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Lee Vickson

P. O. Box 617442, Orlando, FL 32861

~~925 S. Ivey Lane, Orlando, FL 32811~~

PRESIDENT

INCORPORATOR

DATE

8/26/03

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

REGISTERING AGENT

DATE

8/26/03

FILED
03 AUG 26 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA