

0300007390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

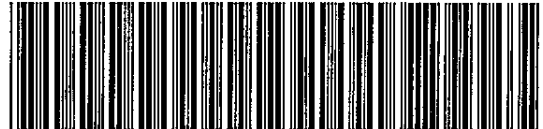
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600022441626

08/26/03--01018--025 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 AUG 26 PM 3:43

FILED

DEPT. OF REVENUE  
DIVISION OF REGISTRATION  
TALLAHASSEE, FLORIDA

03 AUG 26 PM 2:08

RECEIVED

15  
8/26/03

## TRANSMITTAL LETTER

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

**Wakulla 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: Ann Love**  
\_\_\_\_\_  
Name (Printed or typed)  
  
**2005 Cassingham Circle**  
\_\_\_\_\_  
Address  
  
**Ocoee, FL 34761**  
\_\_\_\_\_  
City, State & Zip  
  
**(407) 296-8308**  
\_\_\_\_\_  
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:

Wakulla County Community Development Financial Institution,

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
2005 Cassingham Circle  
Ocoee, FL 34761

### 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:  
Ann Love  
2005 Cassingham Circle, Ocoee, FL 34761

### ARTICLE VI - INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:  
Ann Love  
2005 Cassingham Circle, Ocoee, FL 34761

Ann Love  
PRESIDENT / Incorporator

8/25/03  
DATE

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.

Ann Love  
REGISTERING AGENT

8/25/03  
DATE

FILED  
03 AUG 26 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA