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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

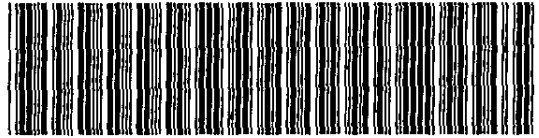
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

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

**SUBJECT:** The Sedrick LeVon Washington Foundation, 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:** Alicia R. L. Gibson  
Name (Printed or typed)

38 Dorothy Loop  
Address

Crawfordville, Florida 32327  
City, State & Zip

(850) 385-5126  
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:

The Sedrick LeVon Washington Foundation, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

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

38 Dorothy Loop, Crawfordville, FL 32327  
P O Box 180818, Tallahassee, FL 32318 (mailing address)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Foundation has been formed in honor of our son's memory, to assist in the advancement of African-American males between the ages of 13 - 24. We are doing so through mentoring, scholarships, academic assistance, spiritual guidance, and referrals as applicable to each individual's needs. We will also provide assistance to at least two families per year.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The Directors will be appointed by the founders of the organization.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

Eddie Gibson Jr. - President; 38 Dorothy Loop, Crawfordville, FL 32327  
Alicia R. L. Gibson - Vice-President; 38 Dorothy Loop, Crawfordville, FL 32327

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Alicia R. L. Gibson, 38 Dorothy Loop, Crawfordville, FL 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Alicia R. L. Gibson, 38 Dorothy Loop, Crawfordville, FL 32327

\*\*\*\*\*  
*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.*

Alicia R. L. Gibson  
Signature/Registered Agent

2-24-05  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date