

NO800000/661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

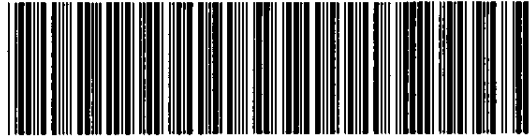
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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02/20/08--01002--003 \*\*78.75

RECEIVED

08 FEB 19 PM 3:04

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 FEB 19 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature and scribbles]*

## COVER LETTER

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

SUBJECT: Bam Bam 13 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: CASSANDRA L. GARDNER  
Name (Printed or typed)

1620 Mabry St.  
Address

Tallahassee, FL 32310  
City, State & Zip

850-322-9673  
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)

**FILED**  
08 FEB 19 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

BAM BAM B Foundation, INC

**ARTICLE II PRINCIPAL OFFICE**

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

P 800 Ocala Rd. 300 - 243  
Tallahassee, Fl. 32304-1670

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Non-Profit Foundation Charitable Organization

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Appointed

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

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

Antonio Gromartie - President  
Cassandra Gardner - V.P

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

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

1620 Mabry St., CASSANDRA L. Gardner  
Tallahassee, Fl. 32310

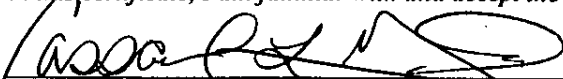
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CASSANDRA L. Gardner  
1620 Mabry St.  
Tallahassee, Fl. 32310

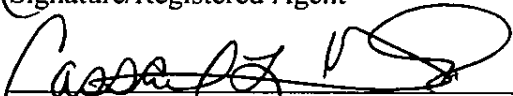
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

2/19/08  
Date



Signature/Incorporator

2/19/08  
Date