

No 8000002552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

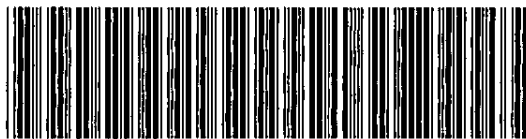
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2008 MAR 12 PM 1:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

C.F. 3-13

COVER LETTER

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

SUBJECT:

Connixis, 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:

Lance Black

Name (Printed or typed)

405 S. Dale Mabry, #257

Address

Tampa, FL 33609

City, State & Zip

(813) 242-4404

Daytime Telephone number

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

ARTICLES OF INCORPORATION
OF
CONNCTIONS, INC.
(NOT FOR PROFIT)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – NAME

The name of the corporations shall be ConnXions, Inc.

ARTICLE II—PRINCIPAL OFFICE

The principal office of the corporation shall be located at 405 S. Dale Mabry, Tampa, FL 33609
Suite #257

ARTICLE III – PURPOSE

The purpose of the corporation shall be to provide the youths of the greater Tampa Bay area with a variety of educational and networking opportunities that will inspire them to become positive agents of change in their communities; to perform other activities which are charitable, educational and not for profit, in accordance with the meaning of Section 501(c)(3) of the Internal Revenue Code.

ARTICLE IV – DISTRIBUTION OF ASSETS UPON DISSOLUTION

Upon the dissolution of the corporation, any and all assets of the corporation shall be assigned to a not for profit organization, within the meaning of Section 501(c)(3) of the Internal Revenue Code, with an educational purpose.

ARTICLE V – MANNER OF ELECTION

The Board of Directors shall be elected or appointed by the Initial Founders as described within the corporate bylaws. Officers shall be appointed by the Board of Directors.

ARTICLE VI – INITIAL DIRECTORS AND/OR OFFICERS

The following Initial Directors shall serve until such time as the regular Board is appointed.

<u>Name</u>	<u>Address</u>	<u>Office in addition to that of Director</u>
Bobby Hack	<u>405 Dale Mabry, South</u> <u>Suite #257</u> <u>Tampa, FL 33609</u>	President

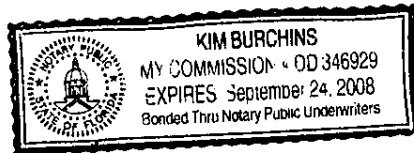
STATE OF FLORIDA
COUNTY OF PINELLAS

Before me personally appeared Bobby Hoch who is known to me to be the person described in and who executed the foregoing Articles of Incorporation and he acknowledged to and before me that he executed said instrument for the purposes therein expressed.

(Check One):

Said persons are personally known to me. Said persons provided the following type of identification DRIVER'S LICENSE (2)

WITNESS my hand and official seal this 5th day of MARCH, 2008.



[Signature]
Notary Public (Signature)

Printed Notary Name
My Commission Expires:

My Commission No.:

STATE OF FLORIDA
COUNTY OF PINELLAS

Before me personally appeared Bobby Hoch / PRES who is known to me to be the person described in and who executed the foregoing Articles of Incorporation and he acknowledged to and before me that he executed said instrument for the purposes therein expressed.

(Check One):

Said persons are personally known to me. Said persons provided the following type of identification DRIVER'S LICENSE (2)

WITNESS my hand and official seal this 5th day of MARCH, 2008.



[Signature]
Notary Public (Signature)

Printed Notary Name
My Commission Expires:

My Commission No.:

STATE OF FLORIDA
COUNTY OF PINELLAS

Before me personally appeared LANCE BLACK / President who is known to me to be the person described in and who executed the foregoing Articles of Incorporation and he acknowledged to and before me that he executed said instrument for the purposes therein expressed.

(Check One):

Said persons are personally known to me.
following type of identification _____

Said persons provided the

WITNESS my hand and official seal this 7th day of March, 2008.



[Signature]
Notary Public (Signature)

Printed Notary Name _____

My Commission Expires: _____

My Commission No.: _____