

NO9000000 490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

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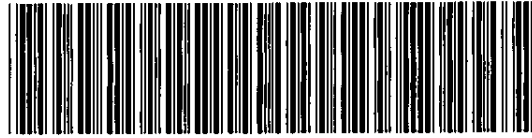
(Business Entity Name)

(Document Number)

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

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RECEIVED  
09 JAN 16 PM 2:04  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 JAN 16 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 16 2009  
D.A. WHITE

## COVER LETTER

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

**SUBJECT:** The Experiment, 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:** Sharon Ames-Dennard

Name (Printed or typed)

812 S. Macomb Street

Address

Tallahassee, Florida 32301

City, State & Zip

850-878-0540

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**

09 JAN 16 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

The Experiment, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

812 S. Macomb Street  
Tallahassee, Florida 32301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct any and all lawful business.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Directors will be appointed by the President to serve a one year term.

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

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

Sharon Ames-Dennard, President and COO; 316 Barbourville Dr. Tallahassee, Fl. 32301  
Deidra Lattimore, Vice President 6820 Chisolm Court West, Tallahassee, Fl. 32311  
Lyndon Dallas, Treasurer/Secretary 1209 Paul Russell Road, Tallahassee, Florida 32301

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

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

Sharon Ames-Dennard, 316 Barbourville Drive Tallahassee, Florida 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Sharon Ames-Dennard, 316 Barbourville Drive Tallahassee, Florida 32301

\*\*\*\*\*

*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

1/16/09

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date