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SECRETARY OF STATE

ALL SHARES OF STATE

T. Burch NOV 21, 2018

COVER LETTER

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

Tallanassee, FL 32314				
SUBJECT: Gibbs	Class of 65, Inc.	E NAME – <u>MUST INCLU</u>	JDE SUFFIX)	
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee &	\$78.75 Filing Fee	\$87.50 Filing Fee,	
r ming r cc	Certificate of Status	& Certified Copy	Certified Copy & Certificate	
	Status			
		ADDITIONAL CO	OPY REQUIRED	
FROM:	Mary Allen	nted or typed)		
Name (Printed or typed) 330 Madison Street South Address				
St. Petersburg, FL 33711 City, State & Zip				
727-867-7717				
Daytime Telephone number				
ladyice26@msn.com				

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

	corporation shall be: Gibbs Class of 65,	Inc.		
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing address, i	f different is:	
	330 Madison Street South			
	St. Petersburg, Ft. 33711			
ARTICLE III	PURPOSE	,		
	which the corporation is organized is:		·	
This corporation is o community at large to operated exclusively including, for such p	organized exclusively for charitable and educational purposithrough educational workshops, guest speakers, forums, try for charitable purposes within the meaning of Section 501 purposes, the making of distributions to organizations that or	es, more specifically to provide assistance to children, parents, aining, mentoring and tutoring programs. To this end, the corpt (c)(3) of the Internal Revenue Code of 1986, as now enacted a ualify as exempt organizations under Section 501(c)(3) of the I cipal, and whether acquired by gift or contribution or otherwise	oration shall at all times be or hereafter amended, internal Revenue Code of o, shall be devoted to said	
ARTICLE IV	MANNER OF ELECTION The manner	er in which the directors are elected and appointed:		
The director	rs are elected to the every two	•••	HATE TO	
Name and	INITIAL OFFICERS AND/OR DIRECTION Makin Williams Provident	Name and Title:	~ · · · · · · · · · · · · · · · · · · ·	
Address:	4500 38th Way South	Address:		
radioss.	St. Petersburg, FL 33711	Address:		
			इंड्रे	
			25	
	Title: Tommie Lee, Vice President	Name and Title:	0	
Address:	3649 2nd Avenue South St. Petersburg, FL 33711			
	St. retersburg, rt. 35711		-	
Nome and	Tide Mont Allen Traceurer			
Name and Address:	330 Madison Street South	Name and Title:		
Address.	St. Petersburg, FL 33711			
	5.1. 5.1.5.1.g, 1 2 557 1 1			
ARTICLE VI	REGISTERED AGENT			
	lorida street address (P.O. Box NOT acceptabl	e) of the registered agent is:		
Name:	Mary Allen	<u></u>		
Address:	330 Madison Street South			
	St. Petersburg, FL 33711			
ARTICLE VII	INCORPORATOR ddress of the Incorporator is:			
Name:	Mary Allen			
Address:	330 Madison Street South			
	St. Petersburg, FL 33711			
Having been no	med as revistored agent to accept service of n	process for the above stated corporation at the pl	lace decianated in this	
certificate, I am f	familiar with and accept the appointment as reg	istered agent and agree to act in this capacity	ace nesignates in this	
in				
	lang dellen	November	2, 2010	
	Required Signature of Registered Age	nt Da	Date	
	ument and affirm that the facts stated herein a it of State constitutes a third degree felony as pr	re true. I am aware that any false information sur coulded for in \$ \$17.155 F.S.	omitted in a document	
inc Departmen	n ny same consumues a mira aegree jewny as pr	ormen jui ju 3.01 /.133, F.S.		
	au Alla	November 2	2 2010	
	Required Signature of Incorpora	ator D	ate	
	/ Adjunta Dignature of Interport	D		