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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Ellity Harris)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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W11-2011

COVER LETTER

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

SUBJECT: Lakel	and Pay it Forwar	d inc.		
	(PROPOSED CORPORATI	e name – <u>must ince</u> i	ude suffix)	
Enclosed is an original	and one (1) copy of the Artic	les of Incorporation and	d 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 C	OPY REQUIRED	
FROM:	Bonnie M Stevens	Jr.	-	
	2114 Woods Trl		2011. IALL/	
	Lakeland, FI 3380	dress)9	2011 JAN 19 SEURETARY ALLAHASSE	
City, State & Zip			AM II:	E
	2114 Wooding Time Tele	ephone number	₽ 75	The same of the sa
	lakelandpayitforwa	ard@vahoo.cor	n	

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

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

The name of the		ard inc.	
	•		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	2114 Woods Trl		
	Lakeland, Fl 33809	······································	
ARTICLE III	PURPOSE		
Laketand Pay it Forwan money, but instead we the irs code, or the corr so disposed of shall of organization or organiza 20. Said corporation is	which the corporation is organized is: d is a non-profit Christian Organization whose mission is to provide a be buy needed Items and provide services. Upon the dissolution of the corp seponding section of any future federal tax code, or shall be distributed disposed of by a court of competent jurisdiction of the county in which the attorns as said court shall determine, which are organized and operated or organized exclusively for charitable, religious, educational, and scientific ition 501(c)(3) of the irs code or the corresponding section of any future for	poration, assets shall be distril to the federal government, or the principal office of the corpor exclusively for such purposes to purposes, including, for such	ibuted for 1 or more purposes with in the meaning of section 501(c)(3) or to a state or local government, for a public purpose. Any such assets no reation is then located, exclusively for such purposes or to such a and witness whereof, we have hereunto subscribed our names this day
ARTICLE IV	MANNER OF ELECTION The manner	in which the director	rs are elected and appointed:
	ens-Founder appointed Lynder Scru	••	Stevens as officers
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT		
	Title: Bonnie Stevens-Founder	Name and Title	e: Jerry Stevens
Address:	2114 Woods Trl	Address:	2114 Woods Trl
	lakeland, FL 33809		lakeland, fl 33809
Name and	Title:Lynda Scruggs	Name and Title	e:
Address:	Title: Lynda Scruggs 2863 Dunhill Cir	Address:	
	Lakeland, Fl 33810		
			
Name and	Title:		e:
Address:		Address:	
			
ARTICLE VI	REGISTERED AGENT		20 TA
	lorida street address (P.O. Box NOT acceptable)	of the registered age	ent is:
Name:	Bonnie Stevens Jr.	, g g-	ent is:
Address:	2114 Woods Trl		
	lakeland, fl 33809		
			mi-< U
ARTICLE VII	<u>INCORPORATOR</u>		· 1
The name and a	ddress of the Incorporator is:		Logrido,
Name:	Lakeland Pay it Forward inc.		5 <u>~</u>
Address:	2114 Woods Trl		;;; · .ø₁
	Lakeland, Fl 33809		
	med as registered agent to accept service of profamiliar with and accept the appointment as registered. Required Signature of Registered Agent	tered agent and agre	
	Required Signature of Registered Agent	t	Date
	rument and affirm that the facts stated herein are nt of State constitutes a third degree felony as pro		
	.0-		3
	Required Signature of Incorporate		1-12-11
	Required Signature of Incorporate	o r	Date