

N110000006350

(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



100209364221

07/01/11--01027--007 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUL - 1 PM 1:46

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: OUT AND ABOUT CHARITABLE TRUST 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: HELEN BARR
Name (Printed or typed)

5021 NW 76 PLACE
Address

PONPANO BEACH FL 33073
City, State & Zip

954 296 2668
Daytime Telephone number

divbrit@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

GET OUT AND ABOUT INC

11 JUL -1 PM 1:40

ARTICLE II PRINCIPAL OFFICE

Principal street address

**5021 NW 76 PLACE
POMPAHO BEACH FL 33073**Mailing address, if different, is: **SECRETARY OF STATE
TALLAHASSEE, FLORIDA****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide transport for seniors and ex-servicemen and women (Veterans) restricted by mobility, distance or financial status with respect, empathy and sensitivity to individual needs promoting dignity and independence.**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Based on the ability of individual to adhere to mission statement and elected by vote of board of directors.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **ELIZABETH HELEN BARR**Address: **5021 NW 76 PLACE
POMPAHO BEACH FL 33073
PRESIDENT**

Name and Title:

Address:

Name and Title: **JAMES LAWRENCE QUINN**Address: **2654 NASSAU ROAD
WEST PALM BEACH FL 33406
DIRECTOR VICE PRESIDENT**

Name and Title:

Address:

Name and Title: **KENNETH SIMPSON BROWN**Address: **2201 NW 5TH STREET
ROCKY HAVEN FL 33496
DIRECTOR**

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: **ELIZABETH HELEN BARR**
Address: **5021 NW 76 PLACE
POMPAHO BEACH FL 33073****ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **ELIZABETH HELEN BARR**
Address: **5021 NW 76 PLACE
POMPAHO BEACH FL 33073**

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

Required Signature of Registered Agent

6/29/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature of Incorporator

6/29/11

Date