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TALLAHASSEE, FLORIDA

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626
611-42664

COVER LETTER

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

SUBJECT: Project Red, Incorporated
(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: Erica Marie Cona
Name (Printed or typed)

170 Pine Grove Drive
Address

Palm Coast, FL 32164
City, State & Zip

386-585-0926
Daytime Telephone number

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

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

ARTICLE I NAME

The name of the corporation shall be: Project Red, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

170 Pine Grove Drive
Palm Coast, FL 32164

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide the community with education, information, and support regarding HIV/AIDS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

An annual vote in November by members for the following year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erica Marie Cona, President Name and Title: _____

Address: 170 Pine Grove Drive Address: _____
Palm Coast

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Erica Marie Cona

Address: 170 Pine Grove Drive
Palm Coast, FL 32164

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Erica Marie Cona

Address: 170 Pine Grove Drive
Palm Coast, FL 32164

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

Erica Marie Cona
Required Signature of Registered Agent

8/12/11
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.

Erica Marie Cona
Required Signature of Incorporator

8/12/11
Date

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