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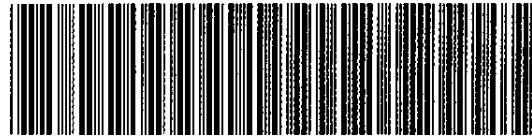
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
9/1

COVER LETTER

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

SUBJECT: Richard L. Rhea Foundation 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: Richard L. Rhea Foundation Inc.
Name (Printed or typed)

88 Cedar Ave.
Address

Crawfordville, Florida 32327
City, State & Zip

850-926-7950
Richard L. Rhea Foundation number

allenh790@aol.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: Richard L. Rhea Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Richard L. Rhea Foundation Inc.
88 Cedar Ave.
Crawfordville, Florida 32327

Mailing address, if different is:
Richard L. Rhea Foundation Inc.
P.O. Box 490
Crawfordville, Florida 32326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide financial assistance to individuals desiring to enter a certified State of Florida training program to become a State of Florida Certified Fire Fighter or State of Florida Certified Emergency Medical Technician. Applicant for financial assistance shall complete required forms requesting financial assistance to the Richard L. Rhea Foundation Inc. committee. The committee shall review application and award financial assistance based on information provided by the applicant.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The Richard L. Rhea Foundation Inc. shall have three (3) Directors. The Directors shall serve three (3) year terms. The initial Directors shall be appointed by Sam Rhea, son on Richard L. Rhea.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sam Rhea - Director
Address: 58 Cedar Ave.
Crawfordville, Florida 32327

Name and Title: D'Arcy Brazier - Director
Address: 60 Holiday Dr.
Crawfordville, Florida 32327

Name and Title: Allen H. Harvey Sr. - Director
Address: 264 Trice Lane
Crawfordville, Florida 32327

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Allen H. Harvey Sr.
Address: 264 Trice Lane
Crawfordville, Florida 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Allen H. Harvey Sr.
Address: 264 Trice Lane
Crawfordville, Florida 32327

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

Allen H. Harvey Sr.

Required Signature of Registered Agent

8-30-11

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.

Allen H. Harvey Sr.

Required Signature of Incorporator

8-30-11

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA