

NI1000010918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

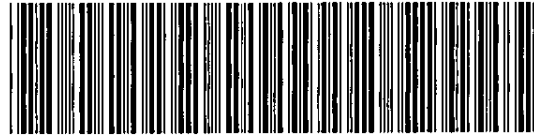
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11 NOV 23 PM 12:08

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 NOV 23 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CCR 02, 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: Kimberly Croodew-Knight
Name (Printed or typed)

1360 Ocala Rd apt #226
Address

Tall, FL 32304
City, State & Zip

850-210-4821
Daytime Telephone number

ap902reunion@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CCR 02, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1360 Ocala Rd apt #224
Tall, FL 32304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CCR 02, INC is organized exclusively for charitable and educational purposes.

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

All directors/members on the board are appointed by the President/Chairman.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly Gooden-Knight
Address: President/Chairman

Name and Title: _____
Address: _____

Tall, FL

Name and Title: Holly Moore / co-chairman
Address: _____

Name and Title: _____
Address: _____

Tall, FL

Name and Title: Dominic Cromartie / Treasurer
Address: _____

Name and Title: _____
Address: _____

Tall, FL

ARTICLE VI REGISTERED AGENT

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

Name: Kimberly Gooden-Knight
Address: 1360 Ocala Rd apt #224
Tall, FL 32304

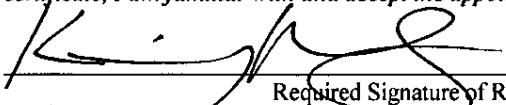
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kimberly Gooden-Knight
Address: 1360 Ocala Rd apt #224
Tallahassee, FL 32304

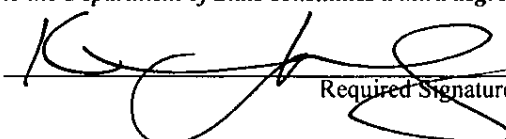
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

11/23/11
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

11/23/11
Date