

N 1200000637Y

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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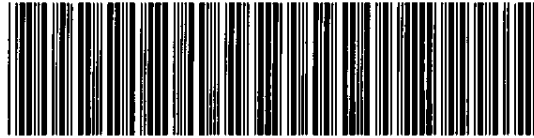
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 29 2012

## COVER LETTER

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

SUBJECT: McGriff Out Reach 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: Priscilla McGriff

Name (Printed or typed)

801 Arlington Cir

Address

Quincy, Florida 32351

City, State & Zip

(850) 556-4317

801 Arlington Cir  
Phone number

pdmcgriff@excite.com

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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## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be: **McGriff Out Reach Inc.**

### ARTICLE II PRINCIPAL OFFICE

Principal street address  
801 Arlington Cir  
Quincy, Florida  
32351

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Corporation is organized exclusively for community service purposes in providing assistance to underprivileged, disadvantaged, at-risk, abused and neglected children, adults and elderly. The scope of these services include the making of provisions for educational, cultural, and social benefits, improving the quality and increasing the availability of services for food assistance, and shelter which include spiritual guidance and referrals, personal development service, assisted living, family daycare, and group homes.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DeVonte Sconiers-Director**  
Address: **780 Rustling Pines Blvd**  
**Midway, Florida 32343**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: **Dock L. McGriff**  
Address: **801 Arlington Cir**  
**Quincy, Florida 32351**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: **Darrion R. Washington**  
Address: **801 Arlington Cir**  
**Quincy, Florida 32351**

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: **Priscilla D. McGriff**  
Address: **801 Arlington Cir**  
**Quincy, Florida 32351**

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Dorothy Porter**  
Address: **281 Spring Meadow Road**  
**Quincy, Florida 32351**

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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

Priscilla McGriff  
Required Signature of Registered Agent

06/29/2012

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.

Dorothy Porter  
Required Signature of Incorporator

6/29/2012  
Date