

N 12000009723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

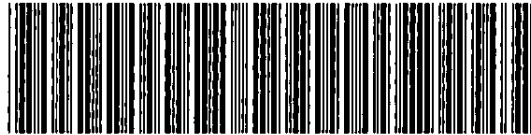
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. Shivers OCT 12 2012

## COVER LETTER

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

SUBJECT: \_\_\_\_\_  
(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: \_\_\_\_\_  
Name (Printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
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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TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be:

GrassRoots Citizens watchdog Coalition  
~~Corporation~~ Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

730 Hollins Street  
Tallahassee, FLA 32304

Mailing address, if different is:

P.O. Box 1801  
Tallahassee, FLA 32302

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

1. To observe and Review all policies and Issues
2. To keep track of Records on how policies implemented
3. To promote and increase citizens awareness

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

As stated in The by-laws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Thomas Hollins - Pres

Address: 730 Hollins St.

Tallahassee, FLA 32304

Simine Coning  
SA Secretary  
730 Hollins St

Name and Title: W. Annell L. Coning

Address: 1st Vice President

730 Hollins St

Barbara M. Hollins  
Treasurer  
730 Hollins St.

Name and Title: Dr. Turner A. Coning

Address: 2nd Vice President

730 Hollins St

**ARTICLE VI REGISTERED AGENT**

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

Name: Barbara M. Hollins

Address: 730 Hollins St  
Tallahassee, FLA 32304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Barbara M. Hollins

Address: 730 Hollins St  
Tallahassee, FLA 32304

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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

Barbara M. Hollins

Required Signature of Registered Agent

10-11-12

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.

Barbara M. Hollins

Required Signature of Incorporator

10-11-12

Date

Article ~~III~~ Purpose

4. To distribute Educational Information  
To citizens.

~~repealed~~

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA