

N12000011169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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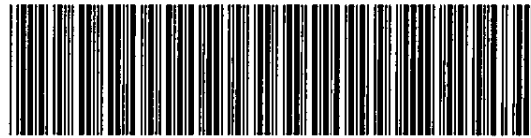
(Business Entity Name)

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12 NOV 29 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 30 2012

COVER LETTER

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

SUBJECT: PLANTING SEEDS MENTORING PROGRAM 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: ALBERT GARNETT
Name (Printed or typed)

2139 N.E. 3RD COURT
Address

BOYNTON BEACH, FL 33435
City, State & Zip

(561) 731-3306
Daytime Telephone number

plantingseedsmentoring@yahoo.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: PLANTING SEEDS MENTORING PROGRAM INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2139 N.E. 3RD COURT
BOYNTON BEACH, FL
33435

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help develop and empower today's youth by planting seeds of values such as respect, responsibility, trust, integrity and perseverance, that will assist them in becoming great productive citizens in our society.

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

BY OWNER

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALBERT GARNETT/President
Address: 2139 N.E. 3RD CT.
BOYNTON BEACH, FL
33435

Name and Title: Zeneta Jackson/Secretary
Address: 2139 N.E. 3RD CT
Boynton Beach, FL
33435

Name and Title: Samuel Jackson III/Vice President
Address: 2139 N.E. 3RD CT
Boynton Beach, FL
33435

Name and Title: _____
Address: _____

Name and Title: Carissa Garnett/Treasurer
Address: 2139 N.E. 3RD CT
Boynton Beach, FL
33435

Name and Title: _____
Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VI REGISTERED AGENT

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

Name: Albert Garnett
Address: 2139 N.E. 3RD CT
Boynton Beach, FL
33435

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Albert Garnett
Address: 2139 N.E. 3RD CT
Boynton Beach, FL
33435

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:

Albert Garnett

Required Signature of Registered Agent

11.26.12

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.

Albert Garnett

Required Signature of Incorporator

11.26.12

Date