

N/2000011624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

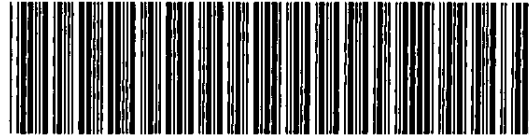
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/14/12

COVER LETTER

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

SUBJECT: Yvette and Sylvester Griffin Charitable 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: Sylvester Griffin
Name (Printed or typed)

P.O. Box 10
Address

Lynn Haven, FL 32444
City, State & Zip

(850) 265-5953
Daytime Telephone number

sg0541@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: Yvette and Sylvester Griffin Charitable Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1608 Santa Anita Drive

Lynn Haven, Florida 32444

Mailing address, if different is:

P.O. Box 10

Lynn Haven, Florida 32444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code.

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

The directors will be appointed by the Chief Executive Officer.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yvette Griffin, Chief Executive Officer

Address: P.O. Box 10

Lynn Haven, FL 32444

Name and Title: _____

Address: _____

Name and Title: Sylvester Griffin, Chief Financial Officer/Treasurer

Address: P.O. Box 10

Lynn Haven, FL 32444

Name and Title: _____

Address: _____

Name and Title: Tia Griffin, Director

Address: P.O. Box 10

Lynn Haven, FL 32444

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: Sylvester Griffin

Address: 1608 Santa Anita Drive

Lynn Haven, Florida 32444

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

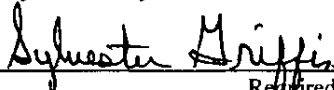
Name: Yvette Griffin

Address: 1608 Santa Anita Drive

Lynn Haven, FL 32444

FILED
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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

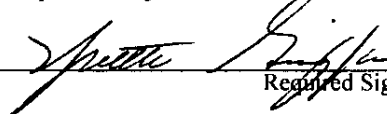


Required Signature of Registered Agent

December 10, 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.



Required Signature of Incorporator

December 10, 2012

Date