

Ps. 1/15/13

COVER LETTER

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

SUBJECT: SPANNING THE GAP CDC, 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: GLYNN DESPANZA
Name (Printed or typed)

10431 BLOOMFIELD HILLS DRIVE
Address

SEFFNER, FL 33584
City, State & Zip

813-966-6187
10431 Bloomfield Hills Drive
Seffner, FL 33584
Do not include phone number

span77glynn@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: SPANNING THE GAP COMMUNITY DEVELOPMENT CORPORATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
10431 BLOOMFIELD HILLS DRIVE
SEFFNER FL 33584

Mailing address, if different is:

FILED
STATE
SECRETARY OF
DIVISION OF CORPORATIONS
13 JAN 14 AM 8:49

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SEE ATTACHED DOCUMENT

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: AS PROVIDED IN BY-LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GLYNN DESPANZA PRES

Name and Title: _____

Address: 10431 BLOOMFIELD HILLS DRIVE
SEFFNER, FL 33584

Address: _____

Name and Title: CLARA LABADEE VICE PRES

Name and Title: _____

Address: 8719 CHRISTI COURT
TAMPA FL 33637

Address: _____

Name and Title: KATHARTIS NEAL ADMINISTRATOR

Name and Title: _____

Address: 5131 CULPEPPER PLACE
WESLEY CHAPEL, FL 33544

Address: _____

ARTICLE III

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR, CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES. TO THIS END, THE CORPORATION SHALL DEVELOP A COMMUNITY BASED ORGANIZATION WHOSE FOCAL POINT IS COMMUNITY ENRICHMENT AND CHARITABLE ENDEAVORS, INCLUDING, BUT NOT LIMITED TO, EDUCATIONAL TRAINING, RECREATIONAL ACTIVITIES, THE ARTS, HEALTH PROGRAMS AND CULTURAL DIVERSITY PROGRAMS, 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 OF 1986 AND TO THAT END, THE CORPORATION IS EMPOWERED TO HOLD ANY PROPERTY, OR ANY UNDIVIDED INTEREST THEREIN, WITHOUT LIMITATION AS TO AMOUNT OR VALUE; TO DISPOSE OF ANY SUCH PROPERTY AND TO INVEST, REINVEST, OR DEAL WITH THE PRINCIPAL OR THE INCOME IN SUCH MANNER AS ; IN THE JUDGMENT OF THE DIRECTORS, WILL BEST PROMOTE THE PURPOSES OF THE CORPORATION, WITHOUT LIMITATION, EXCEPT SUCH LIMITATIONS, IF ANY, AS MAY BE CONTAINED IN THE INSTRUMENT UNDER WHICH SUCH PROPERTY IS RECEIVED, THESE ARTICLES OF INCORPORATION, THE BY-LAWS OF THE CORPORATION, OR ANY APPLICABLE LAWS, TO DO ANY OTHER ACT OR THING INCIDENTAL TO OR CONNECTED WITH THE FOREGOING PURPOSE: OR IN ADVANCEMENT THEREOF, BUT NOT FOR THE PECUNIARY PROFIT OR FINANCIAL GAIN OF ITS DIRECTORS OR OFFICERS EXCEPT AS PERMITTED UNDER THE NOT-FOR-PROFIT CORPORATION LAW.

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DIVISION OF CORPORATIONS
13 JAN 14 AM 8:49

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: GLYNN DESPANZA
Address: 10431 BLOOMFIELD HILLS DRIVE
SEFFNER FL 33584

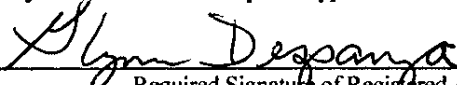
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GLYNN DESPANZA
Address: 10431 BLOOMFIELD HILLS DRIVE
SEFFNER, FL 33584

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

01/07/2013

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

01/07/2013

Date