

N13000001117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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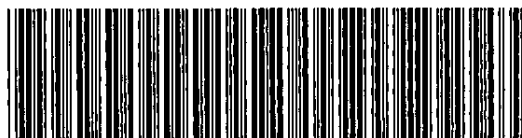
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Community Connections Plus 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: Michele Hulbert
Name (Printed or typed)

6610 67th St. E.
Address

Bradenton, FL 34221
City, State & Zip

9417379492
Daytime Telephone number

fmhulbert@gmail.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: Community Connections Plus Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1415 57th Avenue W.,
Bradenton Fl., 34210

Mailing address, if different is:

PO Box 5597
Bradenton, Fl. 34281

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Corporation is organized exclusively for charitable, 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, or the corresponding section of any future tax code

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Payt Dewar/ President
Address: P.O. Box 5597
Bradenton, Fl., 34281

Name and Title: Michele Hulbert/ Vice-president
Address: 6610 67th St., E.,
Bradenton, Fl., 34221

Name and Title: Don Irwin/ Treasurer
Address: 6440 Mourning Dove Dr.
Bradenton, Fl., 34210

Name and Title: Teresa Petterson/ Secretary
Address: 11110 Lost Creek Terrace
Lakewood Ranch, Fl., 34211

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

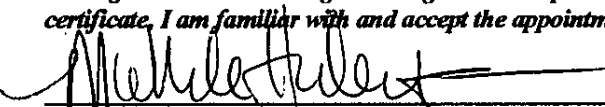
Name: Michele Hulbert
Address: 6610 67th St., E.,
Bradenton, Fl., 34221

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michele Hulbert
Address: 6610 67th St., E.,
Bradenton, Fl., 34221

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

1-23-13
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

1-23-13
Date