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13 APR 25 PH 1: 45
SECRETAND OF STATE
TALL AND SOME PROPERTY.

Tiburen APR 2.6 2013.

COVER LETTER

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

SUBJECT: CLAUDETTE B. BRYANT 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

78.75 **🗹** \$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: CLAUDETTE B. BRYANT
Name (Printed or typed)

6713 Rhone Drive

Sacksonville Florida 32208

(904) 764-5738 Daytime Telephone number

CBB Foundation Inc. Qamail Com E-mail address: (to be used for future annual deport 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: CLAUDETTE B. BE	RYANT FOUNDATION.	INC.
ARTICLE II PRINCIPAL OFFICE	,	
Principal street address: 6713 Rhone Drive	Mailing address, if different is P. O. Box 43325	:
Jacksonville, Florida 30208	Jacksonville, Fl.	32203
ARTICLE III PURPOSE The purpose for which the corporation is organized is: The CLI INC. was created to export comme cultural products to Cuba and othe mission will help men, women, and of good nutrition, medical Care a life. We will also generate funds for Serving Clients according to the gua ARTICLE IV MANNER OF ELECTION The manner in which and appointed by the Founder. ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	edities, food, and other ner countries of the d children to develop and to improve their or academic scholars lifications outlined b	e uprid. This p a lifestyle quality of ships for de- y the foundation.
Name and Title: Claudette B. Bryant-Foundame and Address 1 Ackson Ville, Fl. 32008 Name and Title: Antionette Neal, Ex. Pres. Name and Address Orange Park, Fl. 32065 Name and Title: Linda Martin, Ex. V.P. Name and	Title:	FILED 13 APR 25 PH 4: 45 1ALLA INSTEP PH 5: 411
Address 4301 Confederate Pt. Rd. Address: Sacksonville, Fl. 33210		

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	,	· .
Address		
	· · -	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO Name: Larry Jacobs Address: 7025 Cupvess Ponte Vedra Be ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Claudette B. E. Address: Jacksonville, F.	Bridge Dr. N. Pach, Fl. 32082 ryant rive	FILED 13 APR 25 PH 4: 45 SEGRETARY OF STATE TALLARIASSEE, FLORES
Having been named as registered agent to accept certificate, I am familiar with and accept the appoint X COVILL Registered Signature of Residence I submit this document and affirm that the facts state to the Department of State constitutes a third degree	atment as registered agent and agree to act in the gistered Agent ted herein are true. I am aware that any false in the felony as provided for in s.817.155, F.S.	$\frac{4-19-13}{\text{Date}}$
Claudette B. Bryant Required Signature Claudette B. Bryant	of Incorporator	4-19-13 Date

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