

N/3000004594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

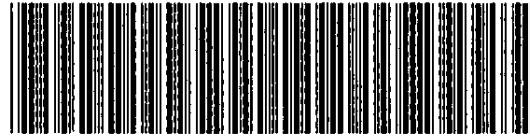
(Business Entity Name)

(Document Number)

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13 MAY 13 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ 05/16/13

## COVER LETTER

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

SUBJECT: **SynerGenesis Corporation**

(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: **Bridgette Benjamin-Donaldson**  
Name (Printed or typed)

**1359 Honey Blossom Dr.**  
Address

**Orlando, FL 32824**  
City, State & Zip

**(407) 538-3192**  
Daytime Telephone number

**bdonaldson@synergenesisintl.org**  
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: SynerGenesis Corporation

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
1359 Honey Blossom Dr.

Orlando, FL 32824

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: The Corporation is established for the purposes of targeting organizational support, through fundraising initiatives and grants to foster Corporate Social Responsibility (CSR) among organizations and to engender community re-investment by those entities that operate in designated communities across Florida, especially in under-served communities and with disenfranchised populations. The Corporation will solicit funding to operate in targeted communities and will obtain resources that will be used to fund community events, support school systems for programs in jeopardy of being cut and to provide academic incentives, through a scholarship program, awarded to 1 middle and 1 high school student annually, that will enable them to successfully pursue educational goals. The Corporation will further lobby for community parks, provide resources to develop community gardens, and engage in youth cultural and other extra-curricula activities.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The Director is appointed by a majority vote by the members of the Board of Directors.

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Vincent C. Carter, Chairman  
Address: 3670 Maguire Blvd., Suite 200  
Orlando, FL 32803

Name and Title: Reynold Fanord, Vice Chairman  
Address: 581 N. Park Ave. #881  
Apopka, FL 32704

Name and Title: Brandi Whaley, Treasurer  
Address: 957 Veronica Circle  
Ocoee, FL 34761

Name and Title: Frances Ayala, Secretary  
Address: 3029 Penshurst Lane  
Windermere, FL 34786

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Taffy Seifert  
Address: 13979 Osprey Link Rd. #336  
Orlando, FL 32837

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: Bridgette Donaldson  
Address: 1359 Honey Blossom Dr  
Orlando, FL 32824

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Bridgette Donaldson  
Address: 1359 Honey Blossom Dr.  
Orlando, FL 32824

*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*

Bridgette Donaldson  
Required Signature of Registered Agent

May 9, 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.*

Bridgette Donaldson  
Required Signature of Incorporator

May 9, 2013  
Date