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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **Vida Gandhi, 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: **Daniel McBride**
Name (Printed or typed)

4509 Perdita Lane
Address

Lutz, FL, 33558
City, State & Zip

(813) 417-8842
Daytime Telephone number

missionvidagandhi@gmail.com ✓
E-mail address: (to be used for future annual report notification)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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: Vida Gandhi, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4509 Perdita Lane
Lutz, FL 33558

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To better the world and all of its
citizens through charity campaigns that work towards the goal
of ending human suffering.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
Appointed by CEO

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel McBride, Founder & CEO

Address: 4509 Perdita Lane
Lutz, FL 33558

Name and Title: Drew Medeiros, Co-Founder & CDO

Address: 10024 Strafford Oak Court
Apartment 824
Tampa, FL 33624

Name and Title: Robert Kimbrough, Co-Founder & CCO

Address: 1001 Ocala Road
Apartment 319
Tallahassee, FL 32304

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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STATE OF FLORIDA

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: Daniel McBride
Address: 4509 Perdita Lane
Lutz, FL 33558

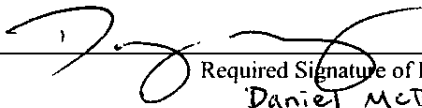
ARTICLE VII INCORPORATOR

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

Name: Daniel McBride
Address: 4509 Perdita Lane
Lutz, FL 33558


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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
Daniel McBride

7-30-2013
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
Daniel McBride

7-30-2013
Date