

N13000008431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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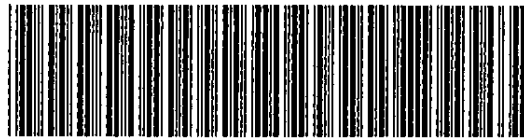
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YMD 9/19

COVER LETTER

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

SUBJECT: Adrian McPherson Charities 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: Adrian McPherson
Name (Printed or typed)

4134 Central Sarasota Parkway Apt 1712
Address

Sarasota, FL 34238
City, State & Zip

(941) 993-5149
Daytime Telephone number

Ango11@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: Adrian McPherson Charities Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4134 Central Sarasota Parkway
Apt 1712
Sarasota, FL 34238

Mailing address, if different is:

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to immerse kids in a
new and different environment to open their
eyes to the possibilities of life.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Voting
Members at an annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adrian McPherson Name and Title: Anna Traver

Address 4134 central Sarasota Hwy Apt 1712 Address: 4134 central Sarasota Hwy Apt 1712
Sarasota, FL 34238 Sarasota, FL 34238
President Vice President

Name and Title: Floyd McPherson Name and Title: Michael Traver

Address 9307 54th Court East Address: 5085 Forester Lake Dr
Parrish, FL 34219 Sarasota, FL 34243
Director Director

Name and Title: Lynne Traver Name and Title: _____

Address 5085 Forester Lake Dr Address: _____
Sarasota, FL 34243
Director

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Anna Traver

Address: 4134 Central Sarasota Parkway Apt 1712
Sarasota, FL 34238

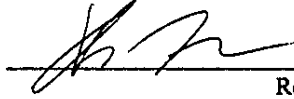
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anna Traver

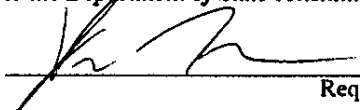
Address: 4134 Central Sarasota Parkway Apt 1712
Sarasota, FL 34238

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

9/12/13
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

9/12/13
Date