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COVER LETTER

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

SUBJECT: THE BGE 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
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Ozias T. Strickland
Name (Printed or typed)

P.O. Box 462
Address

Ocala, FL 34478
City, State & Zip

352-239-4191
Daytime Telephone number

Reeltime Rentals, Inc @ 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: THE DGE FOUNDATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

12220 SW 64th lane

Ocala, FL 34481

Mailing address, if different is:

P.O BOX 462

Ocala, FL 34481

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DIVISION OF CORPORATIONS
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Generate surplus revenues,
to be retained by the Corporation for its self-
preservation, expansion or plans. Which plans are
to be charitable, to help benefit and improve
Society.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ozias T. Strickland - D Name and Title: _____

Address: 623 N.W 10th Ave Address: _____
Ocala, FL 34475

Name and Title: Mike Jones - D Name and Title: _____

Address: 12100 S.W 43rd St Rd Address: _____
Ocala, FL 34481

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Ozias T. Strickland
Address: 623 N.W. 10th Ave
Ocala, FL 34475

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Mike Jones
Address: 12100 SW 43 St Rd
Ocala, FL 34481

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

9-11-13
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

9-11-13
Date