

NI 4000004167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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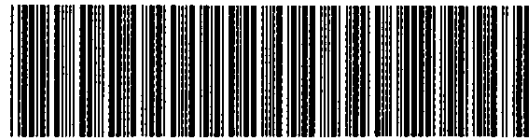
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: **Crawls for Charity 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: **Leslie Newport**

Name (Printed or typed)

101 N 12th St #401

Address

Tampa FL, 33602

City, State & Zip

(239) 898-1026

Daytime Telephone number

crawlsforcharity@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: Crawls for Charity Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
101 N 12th St

Unit #401

Tampa FL, 33602

Mailing address, if different

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The mission of Crawls for Charity Inc is to provide
monetary support to venerable foundations and organizations through social events.

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

Directors will be elected at the annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leslie Newport, Chairman of the Board

Address: 101 N 12th St

Unit #401

Tampa FL, 33602

Name and Title: Brandon Schoeppler, Director

Address: 101 N 12th St

Unit #401

Tampa FL, 33602

Name and Title: Jamie Hotchkiss, Vice Chairman

Address: 111 N Albany Ave

Unit #1

Tampa FL, 33606

Name and Title: Mitchell Meurlott, Director

Address: 406 W Azeele St

Unit # 507

Tampa FL, 33606

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, 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: Leslie Newport

Address: 101 N 12th St #401
Tampa FL, 33602

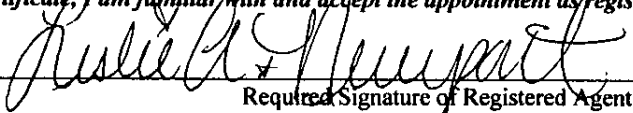
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leslie Newport

Address: 101 N 12th St #401
Tampa FL, 33602


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

04/22/2014

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

04/22/2014

Date