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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTITIVE OF STATE



COVER LETTER

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

suвјест:_ Ре	UBJECT: PCG, FAC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed is an original a	, and one (1) copy of the Ar	ticles 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 REQUIRE				

FROM: Raman T. Scott

Name (Printed or typed)

5327 Kingfisher Court

Address

Tallahassee FL 32303

City, State & Zip

107 233 6602

Daytime Telephone number

PECG Agnal, 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)

The name of the corporation shall be: PECG, TNC.	
ARTICLE II PRINCIPAL OFFICE	
Principal street address:	Mailing address, if different is:
5327 kingfisher Court	
Tallahassee FL 32303	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: To strengt	hen the inner eity
communities with educating and in	teraction amongst the youth.
These interactions will be deanin	g up apeas within their
neighborhoods and other metro a	ommunities, for example,
lawn service, trash pick-up and sma	Il forms at reconstruction
of housing. At the sametime teac	hing the youth importnance
of finances and economics.	- ASS
ARTICLE IV MANNER OF ELECTION The manner in which the control of t	
President Appointed	\$\frac{\sqrt{\text{Fig.}}}{\text{Fig.}} \begin{picture}(20,0) & \text{Fig.} & Fi
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	no 1
Name and Title: Ramah Scott President Name and Title:	Jo-Van Scott PP 2
Address 6327 King fisher Ct Address:	1406 Wilton Ave
Tall FL 32303	Orlando FL 32805
Name and Title: Wendell Will James COO Name and Title:	H. Alexander Duncan VP
Address 8723 Del Rey Ct. Apt 13 Address:	
Tampa FC 33617	Oviedo A 32762
Name and Title: Rateal Horn COU Name and Title:	Cenice Hom electro
Address 44 Pike Place Address:	LH Dike Place
and the second s	Stafford Va 22556
Jimina la 12 Del	VINIA IN CARDON

Address Address: Address	Name and Title:	Morean McGilvary	 Name and Title:	Antonio			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: S27 King risher Ct Tall R 32303 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificated Tam familiar with and accept the appointment as pegistered agent and agree to act in this capacity Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document		44 Pike Place Stafford Va 2255le					
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: 537 Kingfisher Ct Tall Fl 32303 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: 5327 Kingfisher Ct Tall Fl 32303 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificated Tym familiar with and accept the appointment as pegistered agent and agree to act in this capacity Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document	Name and Title:						
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Scott Address: STAT King Fisher Ct Tall FL 32303 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: S327 King Fisher Ct Tall FL 32303 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificated Tam familiar with and accept the appointment as pegistered agent and agree to act in this capacity Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document	Address _		Address:				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Scott Address: Street Address: Address: Scott Address: Name: Address: Name: Address: Scott Address: Scott Address: Scott Address: Address: Scott Address: Address: Scott Address: Scott Address: Address: Scott Address: Scott Address: Address: Address: Scott Address: Address: Address: Scott Address:	-						
Address: 5327 kinafisher Ct Tall FL 32303 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Carray S. Scott Address: 5327 kinafisher Ct Tall FL 32303 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificated Tam familiar with and accept the appointment as pegistered agent and agree to act in this capacity Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document	The <u>name and F</u>		ceptable) of the regis	stered agent is:	TAL SE	14.	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Salt Lawrence Ct Tall Pl 32303 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificated agent and agree to act in this capacity Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document		5327 Kingfisher C	t		LAFIASS	JUN 27	
Name: Name: Scott Address: S327 Kingrisher Ct Tall Fl. 32303 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificated and find find accept the appointment as pegistered agent and agree to act in this capacity Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document		Tall FL 3230	073		H. FLOOR	PH ?:	8
Address: 5327 Kingrisher Ct Tall Fl. 32303 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. Tam familiar with and accept the appointment as pegistered agent and agree to act in this capacity Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document			1.1		夏前	<u> </u>	
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate Tam familiar with and accept the appointment as pegistered agent and agree to act in this capacity Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document	Name:	Kamah J. Sa	ott .				
Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document	Address:	-11 C 20000	<u></u>		•		
Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document	Having been na	med as registered agent to accept service	ce of process for the	e above stated corpor	ration at the place des his canacity	ignated	in this
I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document	Lengicules 1 gm	MICH		1	6/27/1L	<u> </u>	
	I submit this doc to the Departmen	ument and affirm that the facts stated he	erein are true. I am	aware that any false is 817.155, F.S.	information submitted	in a doc 1	cument