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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer	
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TO ACKNOWLEDGE SUFFICIENCY OF FILING TALLY SELECTION OF CONTRACT OF STATE OF CONTRACT OF STATE OF CONTRACT OF STATE OF ST

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## **COVER LETTER**

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

SUBJECT:	The	Dominique	Furmer	Foundation	Inc.
		(PROPOSED	CORPORAT	TE NAME – MUST IN	(CLUDE 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: Dominique Farmer
Name (Printed or typed)

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: The D	ominique F	Farmer Foundation.	Inc.
ARTICLE II PRINCIPAL OFFICE	•	,	
Principal street address:		Mailing address, if different is:	:
4318 Slash Pine Line		41318 Slash Pine Lane	
Tallahassee FL, 32305	<del></del>	Talluhassee FL, 323	<u>,05</u>
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	This Corp	poration is organized	exclusively
For Charitable and educational purp	oses to imp	rove the quality of life.	disadvantage
inner city and rural Commun			
all times be operated exclusion	•		
within the meaning of Section			·
Stated and defined in the or  ARTICLE V INITIAL OFFICERS AND/OR	ther acqui	the directors are elected and appointed: _ by - Laws.	sution or otherwise
Address 4318 Slash Pine Lane	Address:		<u> </u>
Talla. FL. 32305			9:12
Name and Title:	Name and Tit	le: Sujeve Amune Gon	eral Bourd
	Address:	Fairview Dr.	
	····	Tulla. FL. 32301	
Name and Title: Thomas E. Colbart, III m	nerch Board Name and Tit	le: Willie Comer General	Bardmember
Address 1523 Coleman St.	Address:	3919 Roberts Ave	<u> </u>
Talla, FL. 32310		Talla. FL. 32310	
V-1			<u></u>

Name and Title:	Name an	d Title:	
Address _	Address:		
• -			
Name and Title:	Name an	d Title:	
Address _	Address:		
-			
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable) of t	he registered agent is:	
Name:	Dominique Farmer		- •
Address:	4318 Slash PineLane	ALA:	
	Tallahassec FL, 32305	Asser	
ARTICLE VII The name and a	INCORPORATOR ddress of the Incorporator is:	1945 1945 1945	# 90 E
Name:	Dominique Farmer		$\overline{\infty}$
Address:	4318 Slash Pine Lane		
	Tallahassee FL, 32305		
	med as registered agent to accept service of process familiar with and accept the appointment as registere		esignated in this
ĺ	7/2/2 /	7-18-	14
	Required Signature of Registered Agent	Date	
	ument and affirm that the facts stated herein are true nt of State constitutes a third degree felony as provide		d in a document
D		7-18-	14
	Required Signature of Incorporator	Date	