

NIA000009486

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(Requestor's Name)

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(City/State/Zip/Phone #)

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## COVER LETTER

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

SUBJECT: EEDSOA Community Development Corporation  
(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: Kenneth F. Irby  
Name (Printed or typed)

6149 27th St. S  
Address

St. Petersburg, FL 33712  
City, State & Zip

727-244-1302  
Daytime Telephone number

Revirbyman@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: EEDSOA Community Development Corporation

**ARTICLE II      PRINCIPAL OFFICE**

Principal street address:  
101 E. Union St. Ste. 301

Jacksonville, Florida 32202

Mailing address, if different is:  
6149 27th St. S

St. Petersburg, Florida 33712

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is: to engage and equip young men of the State of FL with the tools necessary to become productive  
citizens in our society. Our goal is to create quality outreach programs (i.e. mentoring initiatives) throughout the State of Florida that creates  
leaders and builds positive relationships. It is also formed exclusively for charitable, scientific, and educational purposes within the  
meaning of section 501c-3 of the Internal Revenue Code, including, for such purposes, the making of distributions that qualify as  
exempt organizations under the section 501c-3 or the Internal Revenue Code or the corresponding section of any future U.S. Internal Revenue Law  
Upon winding up and dissolution of the Corporation after paying or adequately providing for debts and obligations of the corporation, the  
remaining assets shall be distributed for one or more exempt purposes within the meaning of section 501c-3 of the Internal Revenue Code or the corresponding section of any future tax code.

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

Directors are elected and appointed according to EEDSOA CDC's Bylaws.

**ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kenneth Irby: Chairperson

Address: 6149 27th Street S.  
St. Petersburg, FL 33712

Name and Title: Orenthious Hill - Secretary

Address: 4350 Woodbridge Road  
Tallahassee, FL 32303

Name and Title: Ron Rawls: Vice-Chairperson

Address: 8007 SW 52nd Lane  
Gainesville, FL 32608

Name and Title: Charles Graham - Director

Address: 411 Parsley St.  
Live Oak, FL 32064

Name and Title: Kirk Bogan: Treasurer

Address: 4414 Dolphin Drive  
Tampa, FL 33617

Name and Title: George Hardy - Director

Address: 2829 SW 5 Street  
Ft. Lauderdale FL 33312

FILED  
JAN 14 2014  
CLERK OF CIRCUIT COURT  
JAN 14 2014  
8-13071

Stephen  
Name and Title: Steven Miller, III - Director  
Address: 1119 Fennel Green Dr.  
Seffner FL 33584

Freddie  
Name and Title: Freddy Tellis - Director  
Address: 820 Binnacle Place  
Pensacola, FL 32507

Name and Title: Jesse McDaniel - Director  
Address: 610 Wickham Lakes Dr.  
Viera, FL 32940

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Kenneth F. Irby  
Address: 6149 27th St. S  
St. Petersburg, FL 33712

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kenneth F. Irby  
Address: 6149 27th St. S  
St. Petersburg, FL 33712

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.

[Signature]  
Required Signature of Registered Agent

9/26/14  
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.

[Signature]  
Required Signature of Incorporator

9/26/14  
Date

14 OCT -8 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399