

NH000009568

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COVER LETTER

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

SUBJECT: **Charity Recycling, 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: **Garett Johnston**

Name (Printed or typed)

3423 N. Oceanshore Blvd.

Address

Flagler Beach, FL 32136

City, State & Zip

386-445-5403

Daytime Telephone number

johnstongarett@yahoo.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: Charity Recycling, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3423 N. Oceanshore Blvd.

Flagler Beach, FL

32136

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the acquisition of technology through donation, and the distribution of technology to those in need.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: by majority vote of the Board of Directors, annually.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Garett Johnston, P

Address: 3423 N. Oceanshore Blvd.

Flagler Beach, FL

32136

Name and Title: Kacie Johnston, S/T

Address: 3423 N. Oceanshore Blvd.

Flagler Beach, FL

32136

Name and Title: Jeff Dentler, VP

Address: 2000 SW 16th St. Apt 125

Gainesville, FL

32608

Name and Title: Brett Masters, VP

Address: 2000 SW 16th St. Apt 125

Gainesville, FL

32608

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: Garett Johnston
Address: 3423 N. Oceanshore Blvd.
Flagler Beach, FL 32136

14 OCT 16 PM 19:03
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Garett Johnston
Address: 3423 N. Oceanshore Blvd.
Flagler Beach, FL 32136

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

10/08/14

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.



Required Signature of Incorporator

10/08/14

Date