

NISU00003343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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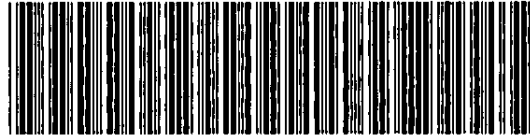
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **Freddie Solomon Legacy Foundation, 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: **Anthony J. Parrino**
Name (Printed or typed)

8700 4th Street N.
Address

St. Petersburg, FL 33702
City, State & Zip

727-570-4660
Daytime Telephone number

aparrino@rpslaw.net
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: Freddie Solomon Legacy Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
18110 Palm Beach Drive
Tampa, FL 33647

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A non-profit public benefit corporation and is not organized for the purpose of private gain of any person. It is organized as a not-for-profit corporation under the laws of the State of Florida for charitable purposes to provide support for organizations and programs benefitting youth in the Tampa Bay community. The purposes for which this corporation is formed are exclusively charitable within the meaning of Section 501(c)(3) of the Internal Revenue Code

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

The method of election of directors shall be stated in the by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Delilah Solomon, Director

Name and Title: _____

Address: 18110 Palm Beach Drive
Tampa, FL 33647

Address: _____

Name and Title: Lanness Robinson, II, Director

Name and Title: _____

Address: 1428 Yardley Drive
Wesley Chapel, FL 33543

Address: _____

Name and Title: Jonathan D. Carlton, Director

Name and Title: _____

Address: 3313 Little Acre Lane
Plant City, FL 33566

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 31 PM 8:51

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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: Anthony J. Parrino, Esquire

Address: 8700 4th Street N.

St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony J. Parrino, Esquire

Address: 8700 4th Street North

St. Petersburg, FL 33702

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.

Anthony J. Parrino

Required Signature of Registered Agent

3-24-15

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.

Anthony J. Parrino

Required Signature of Incorporator

3-24-15

Date

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SECRETARY OF STATE