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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 07 2015

W PAINTER

COVER LETTER

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

SUBJECT: TERRY FLYNN PARTNERS, 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: THERESA JEANNE FLYNN
Name (Printed or typed)

209 SLADE DRIVE
Address

LONGWOOD, FLORIDA 32750
City, State & Zip

850-212-2528
Daytime Telephone number

ffannoo@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: TERRY FLYNN PARTNERS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

209 SLADE DRIVE

LONGWOOD, FL 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable, religious,
educational, literary and prevention of cruelty to children including
educational AND employment opportunities to prevent human Trafficking
and exploitation and to restore victims to WHOLENESS.
No part of the net earnings of the corporation shall inure to the benefit of
its members or officers, except to pay reasonable compensation for
services in furtherance of 501c3 purposes.
Upon dissolution, assets will be distributed for one or more exempt
purposes within the meaning of 501c3

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

By mutual agreement

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President Theresa J. Flynn Name and Title: _____

Address 209 SLADE DRIVE Address: _____

Longwood FL 32750

850-212-2528

Name and Title: Vice Pres Tonya Chavis Name and Title: _____

Address 1611 Payne Street Address: _____

Tallahassee FL 32303

850-345-7676

Name and Title: Treasurer Amy R. Flynn Name and Title: _____

Address 209 SLADE DRIVE Address: _____

LONGWOOD, FL 32750

15 JUL -2 AM 3:45
SECRETARY OF STATE
TALLAHASSEE, FL 32303

FILED

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: Tanya Chavis, Esq

Address: 1611 Payne Street

Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Theresa Jeanne Flynn

Address: 290 SLADE DRIVE

Longwood, FL 32750

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

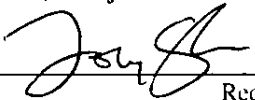
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 29, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

June 29, 2015
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.

Theresa Jeanne Flynn
Required Signature of Incorporator

June 29, 2015
Date