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COVER LETTER

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

Boys & Girls Clubs of Escambia County, Inc. SUBJECT:						
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)						
Enclosed is an original a	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 CO	PY REQUIRED			
	•					
FROM:	Shervin Rassa					
rkowi.	Name	(Printed or typed)				
923 Denton Blvd. NW						
Address						
	Fort Walton Beach, FL 32547					
	Ĉi	ty, State & Zip				
850-862-1616						

srassa@bgcec.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

<u>ARTICLE I</u>	I PRINCIPAL OFFICE		
27	Principal <u>street</u> address: 51 N. "H" Street		Mailing address, if different is:
	nsacola, FL 32501		
	e for which the corporation is organized is	s:	f the objects and purposes of this corporation shall be: I, vocational and character development of boys & girls;
	nvest and disburse funds, and to hold pro		
·			
			1 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 1
APTICI E I	V MANNED OF ELECTION. The	mannar in which the dire	Elected at annual Mtg
ARTICLE I	<i>V MANNER OF ELECTION</i> The r	manner in which the dire	ectors are elected and appointed: Elected at annual Mtg
			ctors are elected and appointed:
ARTICLE V	/ INITIAL OFFICERS AND/OR DIE	RECTORS	Todd Wilkinson, Chairman of the Roan
	/ INITIAL OFFICERS AND/OR DIE	RECTORS Name and Title	Todd Wilkinson, Chairman of the Roan
ARTICLE V Name and T	/ INITIAL OFFICERS AND/OR DIF Shervin Rassa,	RECTORS	Todd Wilkinson, Chairman of the Board
ARTICLE V Name and T Address	itle: 923 Denton Blvd. NW	RECTORS Name and Title Address:	Todd Wilkinson, Chairman of the Board 923 Denton Blvd. NW Fort Walton Beach, FL 32547
ARTICLE V Name and T Address Name and T	itle: Shervin Rassa, 923 Denton Blvd. NW Fort Walton Beach, FL 32547	RECTORS Name and Title Address: Name and Title	Todd Wilkinson, Chairman of the Board 923 Denton Blvd. NW Fort Walton Beach, FL 32547
ARTICLE V Name and T Address Name and T	itle: Shervin Rassa, 923 Denton Blvd. NW Fort Walton Beach, FL 32547	RECTORS Name and Title Address: Name and Title	Todd Wilkinson, Chairman of the Board 923 Denton Blvd. NW Fort Walton Beach, FL 32547
ARTICLE V Name and T Address Name and T Address	itle: Shervin Rassa, 923 Denton Blvd. NW Fort Walton Beach, FL 32547	Name and Title	Todd Wilkinson, Chairman of the Board 923 Denton Blvd. NW Fort Walton Beach, FL 32547

Name and Title	:	Name and Title:		
Address		Address:		
		<u> </u>		
Name and Title	:	Name and Title:		
Address		Address:		
ADTICI E VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:		
Name:	Shervin Rassa	· · · · · · · · · · · · · · · · · · ·		
Address:	923 Denton Blvd. NW			
	Fort Walton Beach, FL	32547	គឺអ្នក ហ៊ា	
	INCORPORATOR address of the Incorporator is:		S 70 T	
Name:	Shervin Rassa			
Address:	923 Denton Blvd. NW		5 AUG 10 PH 5: 48	
	Fort Walton Beach, FL	32547		
ARTICLE VIII	EFFECTIVE DATE:			
(If an effective	f other than the date of filing:date is listed, the date must be specific at			ays
after the filing.		l' 11		.1
	te inserted in this block does not meet the ap- active date on the Department of State's reco		ients, this date will not be listed as	tne
Having been na	amed as registered agent to accept service	of process for the above stated of	corporation at the place designates	d in this
certificate, I am	familiar with and accept the appointment of	as registered agent and agree to a	ct in this capacity	
			8/6/15	
	Required Signature of Registered	l Agent	Date	
	cument and affirm that the facts stated hero nt of State constitutes a third degree felony			ocument
un vepurune	Since constitutes a trial degree jetony	ы ричниси jvi из 5:01/:133, Г.Д.	8/1/	
	Required Signature of Incor	rporator	0/6//S	
	redainer pigurane or medi	Polatoi	/ 540	

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the	NAME Boys & Girls Cl	lubs of Escambia County, Inc.	
	PRINCIPAL OFFICE		
2751	Principal <u>street</u> address: N. "H" Street	Mailing address, if different is:	_
Pensa	cola, FL 32501		
	r which the corporation is organized is	The general nature of the objects and purposes of this corporation salth, social, educational, vocational and character development of boy	
to receive, inve	est and disburse funds, and to hold pro	perty for the purposes of the corporation.	-
ARTICLE IV	INITIAL OFFICERS AND/OR DIE	Todd Wilkinson, Chairman of the Board	nual Mtg
	Shervin Rassa, e:	923 Denton Blvd, NW	
Address	Fort Walton Beach, FL 32547	Fort Walton Beach, FL 32547 (C)	Marchael
Name and Title	::	-10-7	T
Address		Address:	nemacian. Nasa.
Name and Title	e:	Name and Title:	
Address			

Name and Title:		Name and Title:	
Address		Address:	
_			
Name and Title		Name and Title:	
Address		Address:	
			
100141 D 10	A CONTROL OF A CONT		
	<u>REGISTERED AGENT</u> <u>rida street address</u> (P.O. Box NOT accep	table) of the registered agent is:	The same
Name:	Shervin Rassa		5 5 E
Address:	923 Denton Blvd. NW		610
	Fort Walton Beach, FL 3	2547	أرمع فيؤفرنا
			PH 5: NO
	NCORPORATOR Iress of the Incorporator is:		
Name:	Shervin Rassa		
Address:	923 Denton Blvd. NW		
Addiess,	Fort Walton Beach, FL 3	2547	
	EFFECTIVE DATE:		
Effective date, if of (If an effective date after the filing.)	ther than the date of filing: te is listed, the date must be specific and	. (OPTIONAL) d cannot be more than five business days p	rior or 90 business days
Note: If the date document's effect	inserted in this block does not meet the appive date on the Department of State's record	plicable statutory filing requirements, this date rds.	e will not be listed as the
		of process for the above stated corporation a s registered agent and agree to act in this capa	
yy			8/1/5
	Required Signature of Registered	Agent	/Date
I submit this docu		in are true. I am aware that any false informa	ntion submitted in a document
ю те Беригтет	of State Constitutes a trial degree felony t	as provincu joi in scottitios, tidi	8/1/10-
	Required Signature of Incorp	porator	Date