

N15000007918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

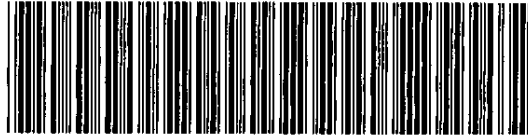
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 AUG 10 PM 7:15
SECRETARY OF STATE
ALABAMA
MONTGOMERY, AL

AUG 14 2015
W PAINTER

Community S.T.R.I.V.E, Inc.

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No substantial part of the activities of the corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in, any political campaign on behalf of any candidate for public office.

Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person.

Upon dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or state or local government for public purpose. Any such asset not so disposed of shall be disposed of by the Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purpose or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes.

COVER LETTER

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

SUBJECT: Community S.T.R.I.V.E., Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

15 AUG 10 PM 7:15
RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: Donna Pisarczyk
Name (Printed or typed)
233 Pine Cone Trails
Address
Ormond Beach, FL 32174
City, State & Zip
646-387-8786
Daytime Telephone number

~~communityclimb@gmail.com~~ communitystrive@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

Community C.L.I.M.B., Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
233 Pine Cone Trails

Ormond Beach, FL 32174

Mailing address, if different is:

ARTICLE III PURPOSE

to increase the quality and availability of our community's

The purpose for which the corporation is organized is:

"off school" time activities for young children.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna Pisarczyk President

Address: 233 Pine Cone Trails

Ormond Beach, FL 32174

Name and Title: Vosie Miller Secretary

Address: 21 Rockingham Ln

Palm Coast, FL 32164

Name and Title: Misty Hallins/Treasures

Address: 555 Shady Oaks Dr.

Apt 304
Palm Coast FL 32164

Name and Title:

Address:

SECRETARY OF STATE
ADAMS, FL 32160

15 AUG 10 PM 7:15

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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: Donna Pisarczyk
Address: 233 Pine Cone Trails
Ormond Beach, FL 32174

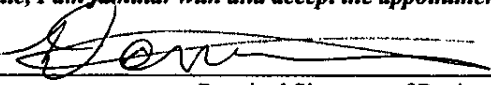
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15 AUG 10 PM 7:15
CLERK OF STATE
ALLIANCE FLORIDA

ARTICLE VII INCORPORATOR

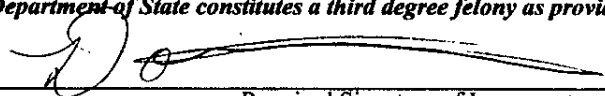
The name and address of the Incorporator is:

Name: Donna Pisarczyk
Address: 233 Pine Cone Trails
Ormond Beach, FL 32174

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

 8/7/2015
Required Signature of Registered Agent Donna Pisarczyk 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.

 8/7/2015
Required Signature of Incorporator Date

COMMUNITY S.T.R.I.V.E INC.

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