

N/15000008266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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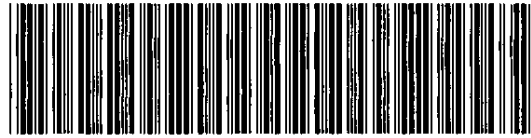
(Business Entity Name)

(Document Number)

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**EFFECTIVE DATE**  
8-17-15

2015 AUG 21 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

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

**SUBJECT:** STORY BRIDGE PROJECT 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: Julius L. Hammond  
Name (Printed or typed)

441 Hilburn Lane  
Address

Pensacola, FL 32504  
City, State & Zip

850-281-4276  
Daytime Telephone number

storybridgeproject@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)

**FILED**  
2015 AUG 21 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: STORY BRIDGE PROJECT INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
441 Hilburn Lane

Pensacola, FL 32504

Mailing address, if different is:

**EFFECTIVE DATE**  
8-17-15

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Story Bridge Project<sup>Inc.</sup> is organized to bring invaluable elder awareness and enlightenment to community youth through life path stories shown in film and discussed via lectures. The old adage that you cannot tell a book by its cover definitely applies as each chosen elder will share incidents and life events that astound and will leave a wisdom imprint for future generations. Our organization will work in conjunction with educational and community facilities, local churches, etc. to include all races, ethnicities and religions. In the future, per the board of directors, volunteer opportunities and/or internships will be available to extend the program to a wider target audience.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: as

provided for in the bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Julius L Hammond (President)

Address: 441 Hilburn Lane  
Pensacola, FL 32504

Name and Title: Gladies Wooten (Board Member)

Address: 10590 Tara Dawn Circle  
Pensacola, FL 32534

Name and Title: Larissa M. Hammond (Board Member)

Address: 441 Hilburn Lane  
Pensacola, FL 32504

Name and Title: Rachael Jukarainen (Board Member)

Address: 5620 NW 23rd Terrace  
Gainesville, FL 32653

Name and Title: Anthony Gambles (Board Member)

Address: 1123 Halyard PL  
Pensacola, FL 32507

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Larissa M. Hammond

Address: 441 Hilburn Lane

Pensacola, FL 32504

**ARTICLE VII INCORPORATOR**

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

Name: Julius L. Hammond

Address: 441 Hilburn Lane

Pensacola, FL 32504

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/17/2015. (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*

*Larissa M. Hammond*  
Required Signature of Registered Agent

08/17/2015  
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.*

*Julius L. Hammond*  
Required Signature of Incorporator

08/17/2015  
Date