

N1500009018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

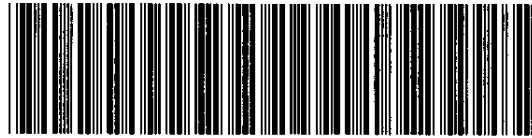
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S. GILBERT

COVER LETTER

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

SUBJECT: Grace for Deaf & Blind Center, 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: Elefante Yadele
Name (Printed or typed)

2210 Mulberry Blvd
Address

Tallahassee, FL 32303
City, State & Zip

850-545-0792
Daytime Telephone number

bezu@comcast.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)

GRACE DEAF & BLIND CENTER INC

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2210 Melberry Blvd
Tallahassee, FL 32303

Mailing address, if different is:

2210 Melberry Blvd
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- To help blind and deaf kids who are living in the rural part of Ethiopia to get Education
- To help Deaf & blind people to get medical attention.
- To establish a training center for Deaf & blind people to learn different skills to live independently

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

President appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Etefwork Yadete

P.

Address

2210 Melberry Blvd
Tallahassee, FL
32303

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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:

Elefworik Yadele

Address:

2212 Mulberry Blvd
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Elefworik Yadele

Address:

2212 Mulberry Blvd
Tallahassee, FL 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Elefworik Yadele

Required Signature of Registered Agent

9/17/15

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.

Elefworik Yadele

Required Signature of Incorporator

9/17/15

Date