

N 15000010678

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*[Signature]* 11/3/15

## COVER LETTER

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

**SUBJECT:** Russell Reed Foundation Community 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:** Russell Reed Jr.  
\_\_\_\_\_  
Name (Printed or typed)  
  
970 Lake Carillon Drive-Suite 300  
\_\_\_\_\_  
Address  
  
St. Petersburg, Florida 33716  
\_\_\_\_\_  
City, State & Zip  
  
(727) 218-8111  
\_\_\_\_\_  
Daytime Telephone number  
  
russellreedfoundation@yahoo.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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

EFFECTIVE DATE 11/01/15 **ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Russell Reed Foundation Community Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
970 Lake Carillon Drive

Suite 300

St. Petersburg, Florida 33716

Mailing address, if different is:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation is organized to receive and administer funds exclusively for charitable and educational purposes. The corporation will be operated exclusively as a non-profit corporation in accordance with the provisions of Section 501 (c) (3) of the Internal Revenue Code.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: "see by-laws"

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

Name and Title: Russell Reed Jr.-President & CEO

Address: 970 Lake Carillon Drive

Suite 300

St. Petersburg, Florida 33716

Name and Title: Pastor Robert L. Miller-Board of Trustees

Address: 970 Lake Carillon Drive

Suite 300

St. Petersburg, Florida 33716

Name and Title: Cheri Aul-Treasurer

Address: 970 Lake Carillon Drive

Suite 300

St. Petersburg, Florida 33716

Name and Title: Estelle Childs-Board of Trustees

Address: 970 Lake Carillon Drive

Suite 300

St. Petersburg, Florida 33716

Name and Title: Edward Russell-Secretary

Address: 970 Lake Carillon Drive

Suite 300

St. Petersburg, Florida 33716

Name and Title: Eddie Rayam-Board of Trustees

Address: 970 Lake Carillon Drive

Suite 300

St. Petersburg, Florida 33716

Name and Title: Alfred Ford-Board of Trustees Name and Title: \_\_\_\_\_  
Address: 970 Lake Carillon Drive Address: \_\_\_\_\_  
Suite 300  
St. Petersburg, Florida 33716  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Russell Reed Jr.  
Address: 970 Lake Carillon Drive  
St. Petersburg, Florida 33716

**ARTICLE VII INCORPORATOR**

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

Name: Russell Reed Jr.  
Address: 970 Lake Carillon Drive  
St. Petersburg, Florida 33716

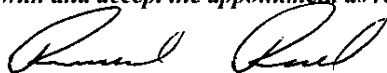
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: November 01, 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*

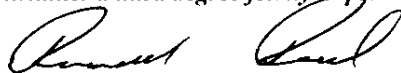


Required Signature of Registered Agent

November 01, 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.*



Required Signature of Incorporator

November 01, 2015

Date