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COVER LETTER

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

SUBJECT: TIME PAYMENT, 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: MARILYN TODMAN

Name (Printed or typed)

5554 CAPITAL CIRCLE NW

Address

TALLAHASSEE, FL 32303

City, State & Zip

850.656.6541

Daytime Telephone number

MARILYNTODMAN@HOTMAIL.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

The name of the corporation shall be: TIME PAYMENT, INC. CORP
Services

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5554 CAPITAL CIRCLE NW

SUITE B

TALLAHASSEE, FLORIDA 32303

Mailing address, if different is:
SAME AS PRINCIPAL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DISTRIBUTION OF EMERGENCY FINANCIAL ASSISTANCE
PAYMENT(S). EMERGENCY VOUCHER PAYMENTS FOR UTILITIES, GAS, FOOD AND MONETARY ASSISTANCE
FOR LOW INCOME QUALIFIED HOUSEHOLDS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARILYN TODMAN-PRESIDENT

Address: 5554 CAPITAL CIRCL NW
TALLAHASSEE, FL 32303

Name and Title: RONNIE HOUGH - VICE PRESIDEN

Address: 5554 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

Name and Title: LATOYA STOCKER - SEC/TRES

Address: 5554 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 NOV - 9 PM 11/15/16
BY [Signature]

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: MARILYN TODMAN

Address: 5554 CAPTIAL CIRCLE NW

TALLAHASSEE, FLORIDA 32303

15 NOV -9 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: MARILYN TODMAN

Address: 5554 CAPTIAL CIRCLE NW

TALLAHASSEE, FLORIDA 32303

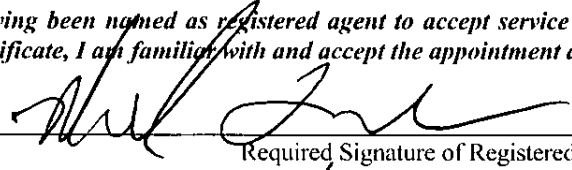
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/04/2015. (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.)

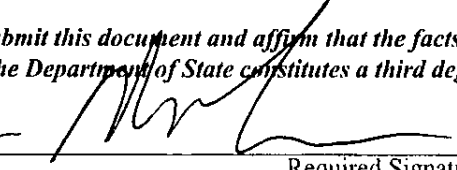
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/4/15
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.


Required Signature of Incorporator

11/4/15
Date