

N1600000563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

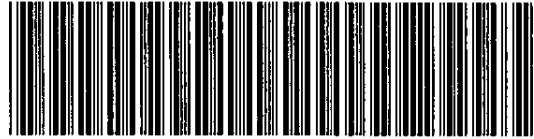
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TALLAHASSEE, FLORIDA

01-21-14

## COVER LETTER

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

**SUBJECT:** Grateful Outreach Charity, 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:** Erica Marshall  
\_\_\_\_\_  
Name (Printed or typed)

94 NE 16th Street  
\_\_\_\_\_  
Address

Homestead, FL 33030  
\_\_\_\_\_  
City, State & Zip

786.286.5524  
\_\_\_\_\_  
Daytime Telephone number

e31187@bellsouth.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)

**ARTICLE I NAME**

The name of the corporation shall be: Grateful Outreach Charity, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
94 NE 16th Street

Homestead, FL 33030

Mailing address, if different is:

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JAN 16 2008  
HOMESTEAD, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation is organized and operated exclusively for charitable,  
religious, educational and scientific purpose within the meaning of Section 501(c)(3) of the Internal Revenue Code or corresponding  
sections of any future federal tax code(s). 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 corresponding sections of any future tax code, or  
shall be distributed to the federal government, or to state or local government, for a public purpose.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Directors  
will be Nominated and majority vote required of present members at the  
Annual election meeting.

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

Name and Title: Christopher Marshall, President

Address: 94 NE 16th Street  
Homestead, FL 33030

Name and Title: Pamela Davis, VP, Tres.

Address: 1732 NW 3rd Terrace, Apt 111  
Homestead, FL 33034

Name and Title: Erica Marshall, CEO, Founder

Address: 94 NE 16th Street  
Homestead, FL 33030

Name and Title: Jarvis Davis, Sec.

Address: 1732 NW 3rd Terrace, Apt. 111  
Homestead, FL 33034

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

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

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

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: Erica Marshall  
Address: 94 NE 16th Street  
Homestead, FL 33030

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Erica Marshall  
Address: 94 NE 16th Street  
Homestead, FL 33030

**ARTICLE VIII EFFECTIVE DATE:** 01/04/2016

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*

Erica Marshall  
Required Signature of Registered Agent

1/4/16  
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.*

Erica Marshall  
Required Signature of Incorporator

1/4/16  
Date