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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Andrew Dunstan

Account Name : FOLEY & LARDNER OF TAMPA
Account Number : 071344001620
Phone : (813) 229-2300
Fax Number : (813) 221-4210

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 21 AM 11:24

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Barbecue Cookoff for Charity, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

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ARTICLE I NAME
The name of the corporation shall be: Barbecue Cookoff for Charity, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
820 S 78th St.

Building B

Tampa, FL 33619

Mailing address, if different is:

P.O. Box 3013

Brandon, FL 33509

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized exclusively in order to engage in any lawful

purpose as a not-for-profit corporation under Section 501(c)(3) of the Internal Revenue Code including the following purpose:

to raise money for local charities through BBQ competitions; however, the corporation shall not carry on any activity not permitted

to be carried on by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. The

Corporation shall not engage in any activity ordinarily carried on for profit.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors are
appointed by the Chairman and approved by a majority vote of the current officers.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Bartley - Chairman

Address: P.O. Box 3013

Brandon, FL 33509

Name and Title:

Address:

Name and Title: Duranta (Dee) Smith - Treasurer

Address: P.O. Box 3013

Brandon, FL 33509

Name and Title:

Address:

Name and Title: Scarlett Smith - Secretary

Address: P.O. Box 3013

Brandon, FL 33509

Name and Title:

Address:

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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: Michelle Eastley
Address: 820 S. 78th St. Building B
Tampa, FL 33619

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scarlett Smith
Address: 820 S. 78th St. Building B
Tampa, FL 33619

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

Michelle Eastley
Required Signature of Registered Agent

1/20/16
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.

Scarlett Smith
Required Signature of Incorporator

1/21/16
Date

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