

N16000001069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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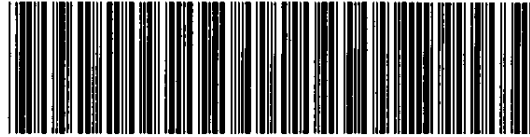
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 25 PM 2:53

02/03/16

COVER LETTER

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

SUBJECT: Family Forces Foundation 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: Shankrystal Snowden
Name (Printed or typed)

5332 Ceiley St
Address

Graceville, FL 32440
City, State & Zip

(850) 360-4000
Daytime Telephone number

ShankrystalSnowden@yahoo.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: Family Forces Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5332 Bailey St

Graceville, FL 32440

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To minimize homegrown terrorism
and reinforce the invaluable connection between active duty,
reservists, veterans, and their families by providing funding
to promote good mental health.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As
provided in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President
Shankar Lal Snowden, MPA Name and Title: _____

Address: 5332 Bailey St Address: _____
Graceville, FL 32440

Name and Title: Dedra Williams VP Name and Title: _____

Address: 16112 Hyde Cir Address: _____
Norfolk, VA 23513

Name and Title: Teretha Olds Sec. Name and Title: _____

Address: 922 8th Ave Address: _____
Graceville, FL 32440

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Shankopal Snowden, MPA

Address: 5332 Coiley St
Graceville, FL 32440

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shankopal Snowden, MPA

Address: 5332 Coiley St
Graceville, FL 32440

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

Shankopal Snowden
Required Signature of Registered Agent

1/21/16
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.

Shankopal Snowden
Required Signature of Incorporator

1/21/16
Date

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