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COVER LETTER

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

SUBJECT: GEMS and C	GENTS Inc.					
30B3EC1:	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:						
						
□ \$70.00	\$78.75	□\$78.75	□ \$87.50			
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,			
	Certificate of	& Certified Copy	Certified Copy			
	Status		& Certificate			
		ADDITIONAL CO	DV DEVILIDED			
		ADDITIONAL CO	T I KEQUIKED			
	Tarnesha B. Allen					
FROM:			=			
	Nan	ne (Printed or typed)				
	6224 SW 80th Street					
Address						
	Ocala, FL 34476					
City, State & Zip						
	352-817-6667					

tsboone@hotmail.com

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

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

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

The name of the	he corporation shall be:GEMS and GEN	TS Inc.	A Company Little property and a
ARTICLE II			16 FEB -5 PM 1:56
	Principal <u>street</u> address: 4 SW 80th Street Ocala, FL 34476	Ма	iling Addes 1, 1955 OF STATE
	I PURPOSE For which the corporation is organized is and development of youth ages 4 to 18.		n-profit organization committed to the edge and skills to enable effective
commuication	n, improve competitiveness through ST	M development, and inspire inne	er talent to re-imagine the world and motivate
others to be in	nnovative and creative in pursuit of a co	nmon goal.	
ARTICLE IV	INITIAL OFFICERS AND/OR DIR	ECTORS	
Name and Tit		Name and Title: TiAnna C	Greene, Secretary
Address	6224 SW 80th Street	Address:	15th Avenue
Name and Tit Address	6224 SW 80th Street	Ocala, FL Name and Title: Address:	
Name and Tit	le: Antonio Allen, Vice President 6224 SW 80th Street	Name and Title: Address:	
	Ocala, FL 34476		- -

Name and Title:_		Name and Title:	
Address			
_			
_			
Name and Title:_		Name and Title:	
Address _		Address:	
_			
		_	<u></u>
	REGISTERED AGENT		
The <u>name and Fi</u>	lorida street address (P.O. Box NOT acce Tarnesha Allen	eptable) of the registered agent is:	
Name:			
Address:	6224 SW 80th Street		16 TAL
	Ocala, FL 34476		FEB
ADTICLE VII	INCORDODATOD		1 -5 1 ASS
	INCORPORATOR Idress of the Incorporator is:		ES P
Name:	Tarnesha Allen	<u></u>	51 -
Address:	6224 SW 80th Street		56 ATE RIDA
	Ocala, FL 34476		
ARTICLE VIII	EFFECTIVE DATE: 2/1/201	<i>(</i>	
Effective date, if	The expression of the express	(OF HONAL)	s days prior or 90 business days
after the filing.)	-	nu cannot de more than 11, a austrea.	, days prior or you donness days
	e inserted in this block does not meet the a		this date will not be listed as the
document's effec	ctive date on the Department of State's rec	coras.	
	med as registered agent to accept service		
certificate, I am	familiar with and accept the appointment		this capacity
Junn	esta 5. Ulen Required Signature of Registere		Date
I culmit this dos	ument and affirm that the facts stated her		information submitted in a document
to the Departmen	nt of State constitutes a third degree felony	y as provided for in s.817.155, F.S.	1 1
Oan	nessa 5. Uller	<u> </u>	2/1/2016
	Required Signature of Inco	orporator	Date