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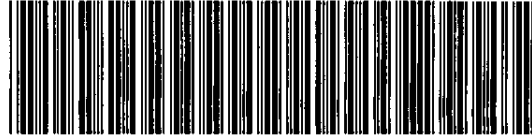
(Business Entity Name)

(Document Number)

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16 FEB 10 PM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NP

FEB 19 2016

G. WHITE

Original

COVER LETTER

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

SUBJECT: GENESYS COMMUNITY DEVELOPMENT CORPORATION

(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: DENISE A. WEATHERS

Name (Printed or typed)

5136 CLARION HAMMOCK DRIVE

Address

ORLANDO, FLORIDA 32808

City, State & Zip

321 662-8342

Daytime Telephone number

1GENESISCDC@GMAIL.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)

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ARTICLE I NAME

The name of the corporation shall be:

GENESYS COMMUNITY DEVELOPMENT CORPORATION

16 FEB 10 PM 10:44

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5136 CLARION HAMMOCK DRIVE

ORLANDO, FL 32808

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide affordable housing for low to moderate income families,

stimulate economic growth, revitalization, educate the underserved and support community initiatives.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Defined in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DENISE A. WEATHERS - PRES

Address: 5136 CLARION HAMMOCK DR
ORLANDO, FL 32808

Name and Title: CHRISTINE SANTOS - SECT

Address: 5136 CLARION HAMMOCK DR
ORLANDO, FL 32808

Name and Title: SANDRA M. MAZO - VP

Address: 5136 CLARION HAMMOCK DR
ORLANDO, FL 32808

Name and Title: Maurice Banks

Address: 5136 CLARION HAMMOCK DR
ORLANDO, FL 32808

Name and Title: DEREK A. JONES - TREA

Address: 5136 CLARION HAMMOCK DR
ORLANDO, FL 32808

Name and Title:

Address:

DISSOLUTION : Upon dissolution of GENESYS COMMUNITY DEVELOPMENT CORPORATION, assets shall be determined & unanimously voted by the board of directors to be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

CONFLICT OF INTEREST: To ensure that Genesys Community Development Corporation operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic review of policy shall, at a minimum include the following subjects:

A. whether compensation arrangements & benefits are reasonable, based on competent survey information, and the result of arm's length negotiation.

B. whether partnerships, joint ventures, and arrangements with management organizations conform to GENESYS

COMMUNITY DEVELOPMENT CORPORATION written conflict of interest policy, are properly recorded, reflect reasonable investment or payments for goods & services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

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: HOPE ELLIOTT
Address: 12472 LAKE UNDERHILL RD, #417
ORLANDO, FL 32828

ARTICLE VII INCORPORATOR

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

Name: DENISE A. WEATHERS
Address: 5136 CLARION HAMMOCK DR
ORLANDO, FL 32808

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


Required Signature of Registered Agent

2/2/2016
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

2-2-16
Date