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MAR 1 - 2016

S. GILBERT

COVER LETTER

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

SUBJECT: FIFTH AVENUE MENTORING AND COMMUNITY OUTREACH, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an origina	l and one (1) copy of the Ar	ticles of Incorporation and	d 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 C	OPY REQUIRED

FROM: DEOGORY HARRIS

Name (Printed or typed)

500 TRINITY LANE N. #11211

ST. PETERSBURG, FL 33176
City, State & Zip

(978)-509-6799

Daytime Telephone number

dgryhar@aol.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 The name of the c	NAME FIFTH AVENUE MENT	ORING AND	COMMUNITY OUTHREACH, INC.
ARTICLE II	PRINCIPAL OFFICE		
•	Principal street address		Mailing address, if different is:
	500 TRINITY LANE #11211 ST. PETERSBURG, FL 33716	- - -	
ARTICLE III	PURPOSE		
FAMCOS is organ	which the corporation is organized is: nized exclusively for charitable purposes, more specific youths in our community helping youths to make positi		
ARTICLE IV	MANNER OF ELECTION The manner in w	which the directors	s are elected and appointed:
THE DIRECT	TORS SHALL BE ELECTED BY MAJO	RITY VOTE.	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR		
Name and T Address:	Title: DEOGORY HARRIS/EXECUTIVE DIRECTOR 500 TRINITY LANE N. #11211 ST. PETERSBURG, FL 33176		ST. PETERSBURG, FL 33705
Name and T Address:	Fitle: LATOYA FLOYD/CHAIRMAN OF THE BOARD 500 TRINITY LANE N. #11211 ST. PETERSBURG, FL 33176	Name and Title Address:	DARLENE MAHONE/SECRETARY 8428 LAURELON PL. TAMPA, FL 33637
Name and T Address:	Fitle: THOMIA THOMPSON/TREASURER 6525 CARRINGTON SKY DR. APOLLO BEACH, FL 33572	Name and Title Address:	:
ADDICT E 177	DECICATEDED ACEST	•	
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered age	nt is:
Name: Address:	THOMIA THOMPSON 6525 CARRINGTON SKY DR. APOLLO BEACH, FL 33572		16 FEB
ARTICLE VII	INCORPORATOR		
····	dress of the Incorporator is:		
Name: Address:	DEOGORY HARRIS 500 TRINITY LANE N, #11211 ST. PETERSBURG, FL 33176		7:47
	ned as registered agent to accept service of proces amiliar with and accept the appointment as registere		
	Deogory T. Harris		215/16
	Required Signature of Registered Agent		Date Date
	ument and affirm that the facts stated herein are tru t of State constitutes a third degree felony as provide		
	Deogory T. Harris		215/16
	Required Signature of Incorporator		Date

Article	VIII	<u>—</u> ·

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article _IX	_ •		
purposes within the corresponding federal governation not so disposed county in which such purposes of	on of the corporation, asset in the meaning of the section ing section of any future fe- ment, or to a state or local; I of shall be disposed of by the principal office of the or to such organization or enized and operated exclusi	n 501 (c) (3) of the Inderal tax code, or shall government, for public a Court of Competent corporation is then longanizations, as said	ternal Revenue Code, or Il be distributed to the c purpose. Any such assets t Jurisdiction of the ocated, exclusively for Court shall determine,
In witness whe	reof, we have hereunto sub	scribed our names thi	s 5
day of	February	2016	