

N16000002680

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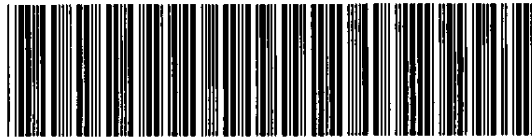
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T. SCOTT



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16 MAR 14 PM 1:03

## COVER LETTER

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

**SUBJECT:** The Greater Apalachee Ridge Estates Neighborhood Association, 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:** The Greater Apalachee Ridge Estates Neighborhood Associa  
Name (Printed or typed)

934 Cochran Drive

Address

Tallahassee, Florida 32301

City, State & Zip

(850) 212-1141

Daytime Telephone number

eeeethomas@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: The Greater Apalachee Ridge Estates Neighborhood Association, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
934 Cochran Drive

Tallahassee, Florida 32301

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation is a non-profit public benefit corporation and is not organized for the private gain of any person. The corporation is organized under the Nonprofit Public Benefit Corporation Law, for charitable and educational purposes and to bring neighborhood concerns to the Tallahassee City & Leon County Commissions and any other bodies that may be able to assist in affecting change in our neighborhood. Revitalization, infrastructure upgrades, and home ownership are some of our targeted concerns. The Association endeavors to provide services for the aesthetic appearance of the neighborhood, provide community crime watch, conduct literacy training, provide juvenile & ex-offender role modeling, youth and senior citizen daycare, and business & professional development training (typing, resume building, job applications, etc).

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Annual elections

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Perry L. West, President

Address: 934 Cochran Drive  
Tallahassee, Florida 32301

Name and Title: Shauna Smith, Vice-President

Address: 814 Apache Street  
Tallahassee, Florida 32301

Name and Title: Joyce Morgan, Secretary

Address: 926 Millard Street  
Tallahassee, Florida 32301

Name and Title: Elton E. Thomas, Treasurer

Address: 806 Apache Street  
Tallahassee, Florida 32301

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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: Elton E. Thomas

Address: 806 Apache Street  
Tallahassee, Florida 32301

**ARTICLE VII INCORPORATOR**

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

Name: Perry L. West

Address: 934 Cochran Drive  
Tallahassee, Florida 32301

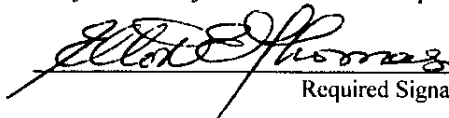
**ARTICLE VIII EFFECTIVE DATE:**

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.)

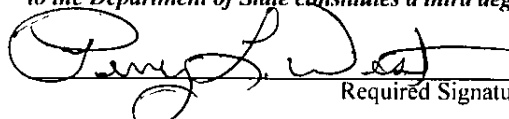
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

3/14/2016  
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

3/14/2016  
Date