

N/16 000000 4/84

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☒

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400285055984

04/27/16--01004--001 **80.00

RECEIVED
DEPARTMENT OF STATE
16 APR 26 PM 4:05
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
16 APR 26 PM 4:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 2 4 2016
S. GILBERT

COVER LETTER

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

SUBJECT: DUANE STRONG JR Foundation) Living through last lives 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: Ayouna m c Clinton
Name (Printed or typed)

1413 Victoria St.
Address

Tallahassee, FL 32310
City, State & Zip

(850) 320-0578
Daytime Telephone number

boss lady3837@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)

ARTICLE I NAME

The name of the corporation shall be (DUANE STRONG JR Foundation) Living through lost lives Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1413 Victoria St.
Tallahassee Fl. 32310

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 26 PM 2:27

APPROVED
AND
FILED

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A foundation for families who
has lost a love one through violence

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: President elect

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ayouna McClinton - CEO Name and Title: _____
Address: 1413 Victoria St. Address: _____
Tallahassee Fl.

Name and Title: Kimberly Edmond - President Name and Title: _____
Address: 1403 W Orange Ave Address: _____
Tallahassee Fl.
32310

Name and Title: Shannon Perryman - Director Name and Title: _____
Address: 8973 Nazareth Alice Dr. Address: _____
Tall. Fl. 32309

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: Ayouna M^cClinton

Address: 1413 Victoria St.

Tallahassee Fl. 32310

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

Name: Ayouna M^cClinton

Address: 1413 Victoria St.

Tallahassee Fl 32310

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

Ayouna M^cClinton
Required Signature of Registered Agent

4/26/16
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.

Ayouna M^cClinton
Required Signature of Incorporator

4/26/16
Date