

N160000004620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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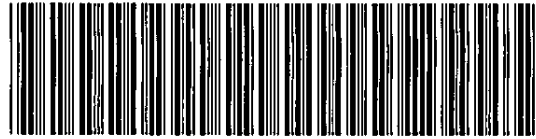
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/05/16--01013--001

RECEIVED

DEPARTMENT OF STATE

16 MAY -5 PM 1:15

NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

MAY 05 2016

T SCHROEDER

## COVER LETTER

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

**SUBJECT:** JAMES LEON GILCHRIST, SR. FOUNDATION, 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:** JAMES LEON GILCHRIST, SR., FOUNDATION, INC.

\_\_\_\_\_  
Name (Printed or typed)

2073 SUMMIT LAKE DRIVE, STE. 151

\_\_\_\_\_  
Address

TALLAHASSEE, FL 32317

\_\_\_\_\_  
City, State & Zip

(850) 681-2303

\_\_\_\_\_  
Daytime Telephone number

FFLOW@FLOWERSLAWLLC.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  
OF  
JAMES LEON GILCHRIST, SR., FOUNDATION, INC.**

**ARTICLE I  
NAME OF CORPORATION**

Be it known and it is so declared that the name of the corporation is:

James Leon Gilchrist, Sr., Foundation Inc.

**ARTICLE II  
PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is:

2073 Summit Lake Drive, Suite 151  
Tallahassee, FL 32317

**ARTICLE III  
PURPOSE**

This corporation is organized for the purpose of implementing the charitable activities of the Alpha Zeta Boule' of Tallahassee, Florida; to developing mentoring, education, and other charitable programs sponsored by the Alpha Zeta Boule' of Tallahassee, Florida or other nonprofit organizations; and to obtain funding for same; and to sponsor programs consistent with the goals of the corporation.

**ARTICLE IV  
NOT FOR PROFIT CORPORATION**

This Corporation is organized exclusively for charitable, educational, and cultural purposes as described in Section 501 (c) (3) of the Internal Revenue code of 1954, as amended, and for the promotion of social welfare as described in the Internal Revenue Code, Section 501 (c) (4), as amended.

**ARTICLE V  
MANNER OF ELECTION OF DIRECTORS**

Directors shall be elected at annual meeting of the Board of Directors as provided for in the by-laws.

**ARTICLE VI  
REGISTERED AGENT AND INITIAL INCORPORATOR**

The name and address of the initial registered agent and incorporator of this corporation are:

Fred H. Flowers, Esquire  
2073 Summit Lake Drive, Suite 151  
Tallahassee, FL 32317

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AND  
FILED

**ARTICLE VII  
NONDISCRIMINATION CLAUSE**

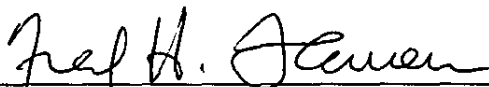
This corporation shall not discriminate against students or student participation, regardless of race, ethnicity, color, national origin or student status.

**ARTICLE VIII  
DISSOLUTION**

Upon dissolution of this corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501 (c)(3) of the Internal Revenue Code or corresponding section of a future federal tax code, or shall be distributed to the federal government or to a state or local government for a public purpose.

**ARTICLE IX  
REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent to accept service of process for the James Leon Gilchrist, Sr., Foundation, Inc. at the place designated within these Articles, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

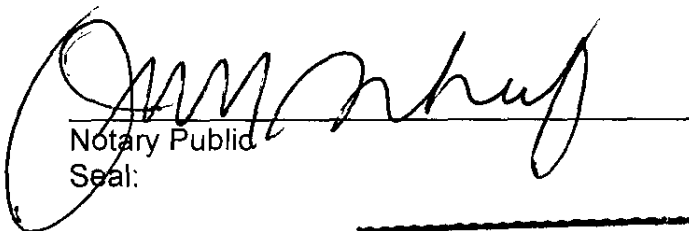


Fred H. Flowers, Initial Incorporator and initial registered agent

**STATE OF FLORIDA  
COUNTY OF LEON**

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared FRED H. FLOWERS, to me known to be the person described in or presented Florida Drivers License, as identification, and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 5<sup>th</sup> day of May 2016.

  
Notary Public  
Seal:



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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