

N/16 000005555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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16 MAY 26 AM 5:54

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COVER LETTER

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

SUBJECT: The Catalyst Charities 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: Cherise Malone
Name (Printed or typed)

2285 Cumberland Circle #905
Address

Clearwater, FL 33763
City, State & Zip

317.319.9243
Daytime Telephone number

C.malone796@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

16 MAY 26 AM 5:54

TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: The Catalyst Charities Corpor

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2285 Cumberland Circle
#905
Clearwater, FL 33763

Mailing address, if different is:

NA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide programs,
services, education and funding to children
families and elderly people for the purp
of living more self-sufficient lives.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Initiall
Chenise Malone will appoint. Later the directors
be elected by the board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kellise Anderson Name and Title:

Address: 2285 Cumberland Circle Address:

#905

Clearwater, FL 33763

NA

Name and Title: Caleb Anderson Name and Title:

Address: 6845 Cliffview Dr Address:

Apt D

Indianapolis, IN 46241

NA

Name and Title: Marian Larkins Name and Title:

Address: 2612 W Grand Reserve Circle Address:

#218

Clearwater, FL 33759

NA

16 MAY 26 AM 5:54

NOTAR PUBLIC, FLORIDA

Name and Title: _____

Address _____

NA

Name and Title: _____

Address _____

NA

Name and Title: _____

Address _____

NA

Name and Title: _____

Address _____

NA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Chenise Malone

Address: _____

2285 Cumberland Circle #905
Clearwater, FL 33763

ARTICLE VII INCORPORATOR

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

Name: _____

Chenise Malone

Address: _____

2285 Cumberland Circle #905
Clearwater, FL 33763

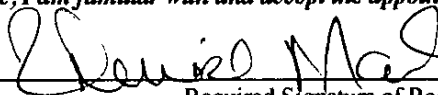
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ NA _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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 a 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

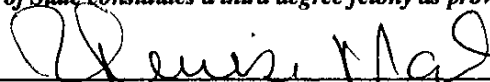


Required Signature of Registered Agent

5.23.16

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

5.23.16

Date

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TALLAHASSEE, FLORIDA