# 11/1000005991

(	Requestor's Name)			
	Address)			
. (	Address)			
(	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				
		:		

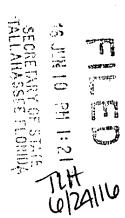
ć.

Office Use Only



600286562256

06/10/16--01030--003 \*\*87.50



# **COVER LETTER**

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

SUBJECT: GERT CENT	•				
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )				
Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:					
_	_				
\$70.00	\$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,		
	Certificate of	& Certified Copy	Certified Copy		
			0.00		
	Status		& Certificate		

FROM:	CHARNELL BENJAMIN-CARTER  Name (Printed or typed)		
I KOW.			
	P.O. BOX 6784		
	Address		
	BRANDON, FLORIDA 33508		
	City, State & Zip		
	813 205-0079		
	Daytime Telephone number		
	CHARNELL,LIFESHARE@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 The name of	NAME the corporation shall be:	Inc.				_
<u>ARTICLE II</u>	PRINCIPAL OFFICE					
977	Principal <u>street</u> address: 9777 TRANQUILITY LAKE CIRCLE # 201		Mailing address, if difference D. BOX 6784	ent is:		
RIV	ERVIEW, FLORIDA 33578	BF	RANDON, FLORIDA 33508			
ARTICLE II The purpose	I PURPOSE  for which the corporation is organized is: _	PLEASE SEE ATT.	ACHMENT.			
ARTICLE IV			ectors are elected and appointed:	As stated i	in Byla	ws
Name and Tit	Charnell Benjamin-Carter/Officer	Name and Titl	Myra L. Benjamin/Officer			
Address	P. O. Box 6784	Address:	3035 Minute Man Lane			•
<del></del>	Brandon, Florida 33508		Brandon, Florida 33511	SECRET/	5	nestran
Name and Tit	Joseph R. Roach/Officer	Name and Title	Jimmie Johnson/Officer	200 200 200 200 200 200 200 200 200 200	- T	Ton See
Address	3900 Oldfield Crossing Drive # 210	Address:	P.O. Box 3014	1013 1013	<del></del>	in the same
Jacksonville, Florida 3	Jacksonville, Florida 32223		Arcadia, Florida 34265	AGNOT STATE	22	- 14
Name and Tit	le: Roosevelt Johnson/Officer	 Name and Title	<b>.</b>			
Address	P.O. Box 1818	Address:				
	Arcadia, Florida 34265	<del></del>				

## GERT Center, Inc.

### Article I

The name of the corporation is:

GERT Center, Inc., said organization is organized exclusively for charity, 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 II

The mailing address of the corporation is: P.O. Box 6784
Brandon, Florida 33508

Upon the dissolution of the organization, assets shall be distributed for one or more exemption purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding sections of any future federal tax codes, or shall be distributed to the federal government, or to the state or local government, for public purpose. Any such assets not so disposed of by a court of Competent Jurisdiction of the county in which the principal office of the corporation is then the exclusively for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

### Article III

The Specific Purpose for which this corporation is organized is:

GERT Center, Inc. aspires to facilitate change through counseling, mentorship, case management, educational seminars for the community, lend assistance to the elderly, reward college scholarships and provide waiver services for the developmentally disabled. No part of the net earnings of the organization shall inure to the benefits of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purpose set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of the document, the organization shall not carry on any other purposes not permitted to be carried on (a) by an organization exempt from federal income tax under section 501 (c) (3) of the Internal Revenue Code, or (b) by an organization, contributions to which are deductible under section 170(c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Name and Title:_		Name and Title:			
Address _		Address:			
,					
_		<u></u>		<del></del>	
Name and Title:_		Name and Title:		<del></del>	
Address		Address:			
_					
_			·		
ARTICLE VI	REGISTERED AGENT				
	orida street address (P.O. Box NOT accept		ed agent is:		
Name:	Charnell Benjamin-Ca	irter			
Address:	9777 Tranquility Lake Circle # 20	)1		500 ±	
	Riverview, Florida 33:	578		SECUE SECUE	11
				JUN 10 PH 1:22  CRETARY OF STATE LAHASSEF FLORIDA	
	INCORPORATOR				
The <u>name and ac</u>	Idress of the Incorporator is:			Comment of the control of the contro	
Name:	Charnell Benjamin-Ca	<del></del>		h: 22 S PAGE L ORNID	1
Address:	9777 Tranquility Lake Circle # 2	01		12 C. 10	
	Riverview, Florida 33	578			
ARTICLE VIII	EFFECTIVE DATE: 06/03/20	016	(OPTION AT)		
(If an effective d	other than the date of filing: $\frac{00/05/20}{\text{ate is listed, the date must be specific and}}$		(OPTIONAL) an five business days prior o	r 90 business di	ays
after the filing.)					
	inserted in this block does not meet the app tive date on the Department of State's recor		ng requirements, this date will	not be listed as t	he
/					
	ned as registered agent to accept service of amiliar with and accept the appointment as			place designated	l in this
	all of A			13010	
	Required Signature of Registered A	Agent		Date	
I submit this doci	ment and affirm that the facts stated herein	n are true. I am awa	ere that any false information s	ubmitted in a do	cument
to the Departmen	t of State constitutes a third degree felony a	s provided for in s.8.	17.155, F.S. . \	1-11	
WW	Required Signature of Incorp	orator	_(0)-	7/2016 Data	
	1				