



# COVER LETTER

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

**SUBJECT:** Springhill Community Impact Programs 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:** Springhill Missionary Baptist Church Inc.  
Name (Printed or typed)

120 SE Williston Road  
Address

Gainesville, Fl 32641  
City, State & Zip

(352) 377-1566  
Daytime Telephone number

trustee@springhillmbc.org  
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: Springhill Community Impact Programs Incorporated - a Non Profit Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
120 SE Williston Road

Gainesville, FL 32641

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: (1) Establish a comprehensive training programs for youth and young adults;  
(2) Provide financial literacy and economic mobility classes for people living in impoverished areas, (3) Decreasing blight by creating  
a housing development program, (4) Partner with healthcare institutions and research universitites to share healthcare information  
with residents in Alachua County, and (5) Provide information on planning, developing, and financing small businesses.

In implementing its purpose the corporation may receive and hold by bequest real, personal, or tangible property or any undivided  
interest therein without limitation as to the amount or value to sell, convey, or otherwise dispose of such perperty and to invest.  
reinvest or deal with the principal or the income thereof as determined by the Board of Directors, in accordance with stated purposes.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Is as stated in bylaws

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

Name and Title: Aaron Carter - Board Chair

Address: 1019 SE 11th Ave.  
Gainesville, FL 32641

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

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

Name and Title: Albert E. White - Board Treasurer

Address: 6423 NW 42nd Lane  
Gainesville, FL 32608

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

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

Name and Title: Adrian S. Taylor - Board Secretary

Address: 2326 NW 42nd Ave.  
Gainesville, FL 32605

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

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

FILED  
16 JUL 29 PM 4: 11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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

FILED

16 JUL 29 PM 4:11

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

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Aaron Carter

Address: 1019 SE 11th Ave.

Gainesville, FL 32641

**ARTICLE VII INCORPORATOR**

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

Name: Adrian S. Taylor

Address: 2326 NW 42nd Ave.

Gainesville, FL 32605

**ARTICLE VIII EFFECTIVE DATE:** 4/1/2016

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*

Aaron A. Carter  
Required Signature of Registered Agent

3/26/2016  
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.*

Adrian S. Taylor  
Required Signature of Incorporator

3/26/2016  
Date

Dated: March 26, 2016

STATE OF FLORIDA

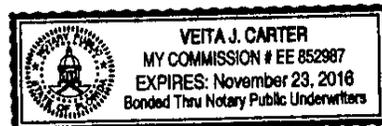
COUNTY OF ALACHUA

The forgoing instrument was acknowledged before me this day, March 26, 2016, by Aaron J. Carter and Adrian S. Taylor.



Notary Public

Veita J. Carter



My commission expires: November 23, 2016

ARTICLES OF INCORPORATION

Springhill Community Impact Programs, Incorporated – a Non Profit Corporation