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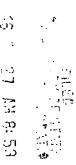
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COVER LETTER

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

SUBJECT:	Donna	Gean's	Place	Inc.			
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)						
					•		
Enclosed is an	Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :						
		. (-)			7		
□ \$70	.00	\$78.75		□\$78.75	№ \$87.50		
Filing Fee		Filing Fee &		Filing Fee	Filing Fee,		
		Certificate of	1	& Certified Copy	Certified Copy		
		Status	İ		& Certificate		
				ADDITIONAL COPY REQUIRED			
			<u> </u>				
	FROM:	Rashad v	Villian	72	<u>.</u>		

FROM: Roshod Williams
Name (Printed or typed)

9612 N. 19th Street.
Address

Tampa, FL 33612
City, State & Zip

(813) 360-7240

Daytime Telephone number

E-mail address: (to be used for future armual report notification)

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

		S OF INCORP h Chapter 617, F.S			ର	
ARTICLE I NAME The name of the corporation shall be:	Donna	Gean's	Place	Inc.		
ARTICLE II PRINCIPAL OFFICE						
Principal <u>street</u> address	:		Mailir	ng address, if different is:	를 하는 <u>기</u>	3
9612 N. 19th	street				رر	· · · · · · · · · · · · · · · · · · ·
Tampa, FL 33	12 <u>12</u>		مو			
ARTICLE III PURPOSE The purpose for which the corporation is		•	•	•		
in the prevention o	4 1717 a	M STO'S	in th	u LGBTQ /	Strican	
amenican and Lating	comm.	umties.				
ARTICLE V INITIAL OFFICERS A ROSHOD WIN	IND/OR DIRECT	ORS	Presid	ent of Operation	<u> </u>	
Name and Title: Executive T			VCDO	nna Williams	<u>) </u>	
Address <u>9612 N. 1945</u> Tampa R 3	_	_ Address:		N) 19th Street PaIFL 33612	<u> </u>	
Name and Title: Diector of n	/orkerun	Name and Title:			— <u>lic</u> e-pres.	of Operations
Address 9612 N. 19th	Street	_ Address:	965	N. MID Street		
Tampa it 3		-	Tamp	10, R 33612	_	
Name and Title: Brector of Ho	man kuwru	င္သSName and Title:	Malea	chia Johnson	(Treasu	(er)
Address QUIZ N. 1915	Street	_ Address:	9612	N. 19th Street	<u>. </u>	
Tampa IT 3	3612		Tamp	0 R 33612		

	Secretary,		
Name and Title:	Stanley Hodge	Name and Title:	
Address	9612 N. 19th street.	Address:	
_	Tampa ITE 33612		
_			
Name and Title:		Name and Title:	
Address _		Address:	
_			
_	•		
	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acco	eptable) of the registered agent is:	
Name:	Kashad Williams	<u> </u>	
Address:	aus N. 19th Street	<u></u>	क री
	Tampa 172 33612		
	, ,		٠٠ ١
	INCORPORATOR Idress of the Incorporator is:		
Name:	Roshad Williams		gg
Address:	9612 N. 19th Street.		ဘာ <u>မြော</u>
Address:			:
	Tampa 192 33612		
	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
	late is listed, the date must be specific a	nd cannot be more than five business days prior or 90 bu	siness days
9,			
	inserted in this block does not meet the a tive date on the Department of State's rec	applicable statutory filing requirements, this date will not be leards.	isted as the
		of process for the above stated corporation at the place do as registered agent and agree to act in this capacity	esignated in this
	7.11 5.11		1011
	Required Signature of Registered		010
I submit this doc	LOSMO WILLIAMS ument and affirm that the Jacis stated her	rein are true. I am aware that any false information submitte	ed in a document
to the Departmen	nt of State constitutes a third degree felony	v as provided for in s.817.155, F.S.	
	me nec	7/25/2	2016
¥	Rashod Williams	prporator Date	
•	OMMONA CONTRACTA		