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08/05/16 10:58 AM
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JULIA L. HARRIS
CLERK OF COURT

✓ 08/05/16

COVER LETTER

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

SUBJECT: Donna Gean's Place 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: Rashad Williams
Name (Printed or typed)

9612 N. 19th Street.
Address

Tampa, FL 33612
City, State & Zip

(813) 360-7240
Daytime Telephone number

rawdesigns78@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)

16 JUL 27 PM 8:53
Jesse Scott, Esq.
1145

ARTICLE I NAME

The name of the corporation shall be: Donna Gean's Place Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

9612 N. 19th Street

Tampa, FL 33612

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide support, help and awareness in the prevention of HIV and STD's in the LGBTQ African American and Latino communities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Vote and appointment.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rashad Williams
Executive Director

Address: 9612 N. 19th Street
Tampa, FL 33612

Name and Title: President of Operations
Vc Donna Williams

Address: 9612 N. 19th Street
Tampa, FL 33612

Name and Title: Antonio Williams
Director of marketing

Address: 9612 N. 19th Street
Tampa, FL 33612

Name and Title: Sorena Rawlins (Vice-pres. of operations)

Address: 9612 N. 19th Street
Tampa, FL 33612

Name and Title: Kiala Emmons
Director of Human Resources

Address: 9612 N. 19th Street
Tampa, FL 33612

Name and Title: Maleachia Johnson (Treasurer)

Address: 9612 N. 19th Street
Tampa, FL 33612

Name and Title: Secretary
Stanley Hodge Name and Title: _____
Address: 9612 N. 19th Street Address: _____
Tampa, FL 33612 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Rashad Williams
Address: 9612 N. 19th Street
Tampa, FL 33612

FILED
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16 JUL 27 AM 8:53

ARTICLE VII INCORPORATOR

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

Name: Rashad Williams
Address: 9612 N. 19th Street
Tampa, FL 33612

ARTICLE VIII EFFECTIVE DATE:

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

Rashad Williams

Required Signature of Registered Agent

7/25/2016

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.

Rashad Williams

Required Signature of Incorporator

7/25/2016

Date