## N(60000)1566

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

Office Use Only



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SECTION ART OF STATE
TALLAHASSEE, FI ORIDA

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## **COVER LETTER**

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

BJECT:	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
losed is an original an \$70.00 Filing Fee	nd one (1) copy of the Ar  \$78.75 Filing Fee & Certificate of Status	**************************************	a check for:  □ \$87.50  Filing Fee,  Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: _	Carl C	lay me (Printed or typed)	_

Daytime Telephone number aclay\_9879@att.net

19040 NW 57 Ave #304

Hialeah, FL 33015

786-287-2486

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

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

Address

City, State & Zip



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2016

CARL CLAY 19040 NW 57 AVE #304 HIALEAH, FL 33015

SUBJECT: MTG: MASH THE GAS ON EDUCATION AND STOPPING THE

VIOLENCE, INC.

Ref. Number: W16000077660

We have received your document for MTG: MASH THE GAS ON EDUCATION AND STOPPING THE VIOLENCE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 616A00024638

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

The name of the corporation shall be:  Mash The Gas On Education a			FILED		
<u>ARTICLE II</u>	PRINCIPAL OFFICE		2016 DEC -5 AM 8: 19		
10040	Principal street address:		Mailing address it different is:		
<u>19040</u>	NW 57 Ave #304		SEVER FART OF STATE  [ALLAHASSEE. FLORIDA		
Hiales —	ah , FL 33015				
	which the corporation is organized is:		otivate our kids to Move Forward in Their Education and		
to not Result 1	o Violence. Also to be a Mentor To Our Yo	outh.			
ARTICI F IV	MANNER OF FLECTION The manner	er in which the direct	The directors will be stors are elected and appointed:		
	by CEO and this process may b				
_appointeu-	by CEO and this process may o	e upualeu ar	a later uate.		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT				
Name and Title	THIRD OF TREEMS THE ON DIRECT	<u>ORS</u>			
	Carl Clay / Vounder /CUO		Jerald Russell / Director of Community		
∆ ddrece	Carl Clay / Founder /CEO	_ Name and Title:	Jerald Russell / Director of Community  19040 NW 57 Ave #304		
Address	Carl Clay / Founder /CEO		<u></u> _		
Address	Carl Clay / Founder /CEO  19040 NW 57 Ave #304  Hialeah , FL 33015	_ Name and Title:	19040 NW 57 Ave #304 Hialeah , FL 33015		
Address  Name and Title	Carl Clay / Founder /CEO  19040 NW 57 Ave #304  Hialeah , FL 33015  Barbara A Clay / Director of Operations	_ Name and Title:	19040 NW 57 Ave #304  Hialeah , FL 33015  Kevin Bowens / Board Member		
	Carl Clay / Founder /CEO  19040 NW 57 Ave #304  Hialeah , FL 33015  Barbara A Clay / Director of Operations	Name and Title: Address:	19040 NW 57 Ave #304  Hialeah , FL 33015  Kevin Bowens / Board Member		
Name and Title	Carl Clay / Founder /CEO  19040 NW 57 Ave #304  Hialeah , FL 33015  Barbara A Clay /Director of Operations	Name and Title: Address:  Name and Title:	19040 NW 57 Ave #304 Hialeah , FL 33015  Kevin Bowens / Board Member		
Name and Title Address	Carl Clay / Founder /CEO  19040 NW 57 Ave #304  Hialeah , FL 33015  Barbara A Clay /Director of Operations  19040 NW 57 Ave #304  Hialeah , FL 33015	Name and Title: Address:  Name and Title: Address: Address:	Hialeah , FL 33015  Kevin Bowens / Board Member  19040 NW 57 Ave #304  Hialeah , FL 33015  Shacaria Clay / Board Member		
Name and Title Address Name and Title	Carl Clay / Founder /CEO  19040 NW 57 Ave #304  Hialeah , FL 33015  Barbara A Clay /Director of Operations  19040 NW 57 Ave #304  Hialeah , FL 33015	_ Name and Title: _ Address: _ Name and Title: _ Address: _ Name and Title: _ Name and Title:	Hialeah , FL 33015  Kevin Bowens / Board Member  19040 NW 57 Ave #304  Hialeah , FL 33015  Shacaria Clay / Board Member		
Name and Title Address	Carl Clay / Founder /CEO  19040 NW 57 Ave #304  Hialeah , FL 33015  Barbara A Clay /Director of Operations  19040 NW 57 Ave #304  Hialeah , FL 33015  Allreatha Clay / Treasury	Name and Title: Address:  Name and Title: Address: Address:	Hialeah , FL 33015  Kevin Bowens / Board Member  19040 NW 57 Ave #304  Hialeah , FL 33015  Shacaria Clay / Board Member		

Name an ≟Title:_	·	Name and Title:	
Address	· · · · · · · · · · · · · · · · · · ·	Address:	
			FILED
			2816 DEC -5 AM 8: 19
Name and Title:		Name and Title:	SECRETARY OF STATE
			SALL AMASSEE PEUMIDA
		Addiess.	
<del>-,-</del>	N. C.		
_			
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT accep	otable) of the registered	agent is:
Name:	Carl Clay		
Address:	19040 NW 57 Ave #304		
	Hialeah, FL 33015		
	·		
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Carl Clay		
Address:	19040 NW 57 Ave #304		
	Hialeah, FL 33015		
ARTICLE VIII	EFFECTIVE DATE: 01/2017		
Effective date, if of	other than the date of fiting:		(OPTIONAL)  n five business days prior or 90 business days
after the filing.)	ne is nated, the date must be specific an	d cannot be more than	ii iive business days prior or 50 business days
	inserted in this block does not meet the ap- ive date on the Department of State's reco		requirements, this date will not be listed as the
gooding in a crite	The date of the Department of State 5 fees	. 43.	
	ned as registered agent to accept service of the appointment as		ve stated corporation at the place designated in the agree to act in this capacity
			09/25/2016
CA	Required Signature of Registered	Agent	Date
			that any false information submitted in a documen
to the Department	of State constitutes a third degree felony of	us provided for in s.817	
- 1 /n	4 / 1		09/25/2016
	Required Signature of Incorp	porator	Date

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