

N/16 0000 11931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Giving Others Dedication 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: Juanita Webster
Name (Printed or typed)

115 Liberty Rd
Address

Crawfordville FL 32327
City, State & Zip

850-760-6464
Daytime Telephone number

websterj109@aol.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE - FL
16 DEC 15 AM 10:45

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ARTICLE
1090

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Giving Others Dedication INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

115 Liberty Rd.
Crawfordville FL 32327 same as

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: charity giving to others, clothes
counseling, food, etc.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: I Juanita
Webster the Executive Director will be the one to appoint and elect.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juanita Webster / Executive Director Name and Title: _____
Address: 115 Liberty Rd. Address: _____
Crawfordville FL 32327

Name and Title: Sharon Edwards / Director Name and Title: _____
Address: 744 Pointe Court Address: _____
Apt C Tallahassee FL
32308

Name and Title: ~~Director~~ Nathaniel Harris III Name and Title: Terry Webster / Officer
Address: 115 Liberty Rd. Address: 115 Liberty Rd.
Crawfordville FL 32327 Crawfordville FL 32327

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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:

Juanita Webster

Address:

115 Liberty Rd.
Crawfordville Fla.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Juanita Webster

Address:

115 Liberty Rd.
Crawfordville FL 32827

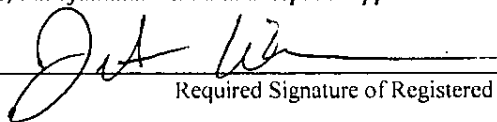
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01-01-2017 (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

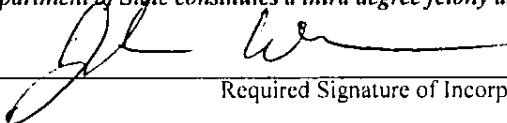


Required Signature of Registered Agent

12-15-16

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.



Required Signature of Incorporator

12-15-16

Date

SECRET
NO FORN DISSEM
NO UNCLASSIFIED
NO UNCLASSIFIED

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