

N17000000898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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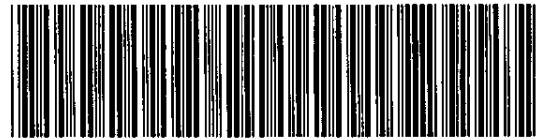
(Business Entity Name)

(Document Number)

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17 JAN 27 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/30/17

COVER LETTER

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

SUBJECT: Association of Independent Food Banks 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: Mark Anthony

Name (Printed or typed)

P.O. Box 770451

Address

Winter Garden, FL 34777

City, State & Zip

407-697-2386

Daytime Telephone number

manthony@breadoflifefellowship.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)

ARTICLE I NAME

The name of the corporation shall be: Association of Independent Food Banks Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
655 N. Kissimmee Ave

Ocoee, FL 34761

MDM Mailing address, if different is:
P.O. Box 770009

Winter Garden, FL 34777

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To share and distribute food and information between independent food banks in Florida, in order to feed those who are in need of our assistance.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As stated in bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Anthony

Address: P.O. Box 770451

Winter Garden, FL 34777

Name and Title: _____

Address: _____

Name and Title: Bruce Conner

Address: P.O. Box 776

Bartow, FL 33831

Name and Title: _____

Address: _____

Name and Title: Ruth Anne Anthony

Address: P.O. Box 770451

Winter Garden, FL 34777

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JAN 27 AM 11:15

FILED

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: Mark Anthony
Address: 655 N Kissimmee Ave
Ocoee, FL 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark Anthony
Address: 655 N Kissimmee Ave
Ocoee, FL 34761

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TALLAHASSEE, FLORIDA

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 days prior or 90 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

1/24/17
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

1/24/17
Date