

W17 000 007 353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

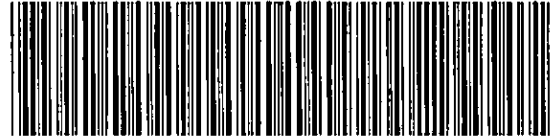
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/12/17--01024--005 **78.75

W17-50963



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2017

JERRICO SMITH
7814 CHIPWOOD LANE
JACKSONVILLE, FL 32256

SUBJECT: GF4, INC.
Ref. Number: W17000050963

We have received your document for GF4, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L11000086048 ACT GF 4, LLC.

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

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 717A00012418

COVER LETTER

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

SUBJECT: **GF4 Foundation , 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: **Jerrico Smith**

Name (Printed or typed)

7814 Chipwood Lane

Address

Jacksonville , FL 32256

City, State & Zip

(252) 367-4948

Daytime Telephone number

Ricosmith27834@yahoo.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: GF4 Foundation , Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7814 Chipwood Lane

Jacksonville , FL 32256

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
to provide support for the community in multiple ways throughout the year.

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes,
including for such purposes, the making of distributions to organizations that qualify as an exempt
organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section
of any future federal tax code.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jerrico Smith, President

Address: 7814 Chipwood Lane
Jacksonville FL 32256

Name and Title: Sabrina Smith Vice President

Address: 7814 Chipwood Lane
Jacksonville FL 32256

Name and Title: Dena Parker , Director

Address: 1803 West third Street
Greenville NC 27834

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

17 JUL 19 PM 3:13

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: Jerrico Smith

Address: 7814 Chipwood Lane
Jacksonville FL 32256

ARTICLE VII INCORPORATOR

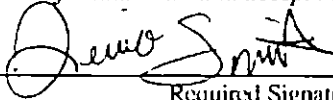
The name and address of the Incorporator is:

Name: Jerrico Smith

Address: 7814 Chipwood Lane
Jacksonville FL 32256

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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

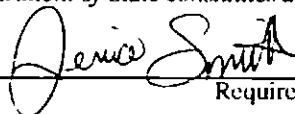


Required Signature of Registered Agent

7/10/17

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 §817.155, F.S.



Required Signature of Incorporator

7/10/17

Date