

**NI 17000010832**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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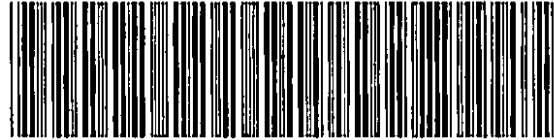
(Business Entity Name)

(Document Number)

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FALL ARMSSEE FLORIDA

17 OCT 27 PM 3:52

NI 10/27/17

## COVER LETTER

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

GERT Center Charities

EIN: 82-0718192

**SUBJECT:**

(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: GERT Center Charities EIN: 82-0718192  
\_\_\_\_\_  
Name (Printed or typed)

P.O. Box 6784

\_\_\_\_\_  
Address

Brandon, Florida 33511

\_\_\_\_\_  
City, State & Zip

813 205-0079

\_\_\_\_\_  
Daytime Telephone number

ceo.ccarter@gertinc.org

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2017

GERT CENTER CHARITIES  
PO BOX 6784  
BRANDON, FL 33511

SUBJECT: GERT CENTER CHARITIES  
Ref. Number: W17000074739

We have received your document for GERT CENTER CHARITIES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 817A00018964

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be: GERT Center Charities, INC. EIN: 82-0718192

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

138 E. Bloomingdale Ave

P.O. BOX 684

Brandon, Florida 33511

Brandon, Florida 33508

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GERT Center Charities, INC.  
GERT Center Charities, said organization is a "not for profit" organized exclusively for charity, religious, educational, and scientific purpose, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. GERT Center Charities, INC. GERT Center Charities aspires to facilitate change through educational seminars for the community, reward educational scholarships, bringing education and awareness to physical and mental illnesses, providing mentorship and support services to promote independence and strengthen the family unit. No net earnings shall insure the benefits of, or be distributable to officers, except the organization be authorized to pay reasonable compensation for services rendered under purpose.

## 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: Charnell Benjamin-Carter, Officer

Name and Title: Myra L. Benjamin, Officer

Address: P.O. BOX 6784

Address: 3035 Minute Man Lane

Brandon, Florida 33508

Brandon, Florida 33511

Name and Title: Dr. Roosevelt Johnson, Officer

Name and Title: Jimmie Johnson

Address: P.O. BOX 1818

Address: P.O. BOX 3014

Arcadia, Florida 34265

Arcadia, Florida 34265

Name and Title: Doris Dubose

Name and Title: \_\_\_\_\_

Address: 1124 Split Silk Street

Address: \_\_\_\_\_

Valrico, Florida 33594

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 OCT 27 PM 3:32

**ARTICLE VI REGISTERED AGENT**

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

Name: Charnell Benjamin-Carter

Address: ~~P.O. Box 6784~~  
Brandon, Florida 33508

138 E. Bloomingdale Ave  
Brandon, Florida 33511

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Charnell Benjamin-Carter

Address: P.O. Box 6784  
Brandon, Florida 33508

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/11/2017 (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

09/16/2017

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

09/16/2017

Date