

N17000012031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

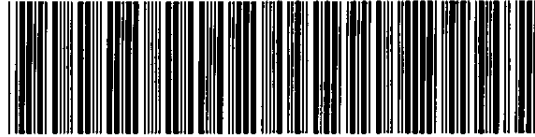
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

DEC 06 2017



500306232485

12/04/17--01013--018 **78.75

FILED
17 DEC -4 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AMB Outreach, 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: Cleveland Gary, Jr.

Name (Printed or typed)

20158 NW 35th Ave.

Address

Miami Gardens, FL 33056

City, State & Zip

(561) 714-7209

Daytime Telephone number

cleveland06pga@gmail.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: AMB Outreach, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
20158 NW 35th Ave.

Miami Gardens, FL 33056

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized and operated exclusively for charitable, religious, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or corresponding sections of any future tax codes(s). Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding sections of any future tax code(s), or shall be distributed to the Federal government, or the state or local government, for a public purpose.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As As provided for in the bi-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chrystelle Gary, President

Address: 6463 Adriatic Way
Greenacres, FL 33413

Name and Title: Cleveland Gary, Jr., CEO

Address: 20158 NW 35th Ave.
Miami Gardens, FL 33056

Name and Title: Jarrett McDonald, Vice President

Address: 20158 NW 35th Ave.
Miami Gardens, FL 33056

Name and Title: Marilyn Walker, Secretary

Address: P.O. Box 924616
Homestead, FL 33092

Name and Title: Mariah Clark, Treasurer

Address: 24951 SW 130th Ave., Apt 108
Princeton, FL 33032

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 DEC -4 PM 3:19

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: Cleveland Gary, Jr.

Address: 20158 NW 35th Ave.

Miami Gardens, FL 33056

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Cleveland Gary, Jr.

Address: 20158 NW 35th Ave.

Miami Gardens, FL 33056

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: December 1, 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

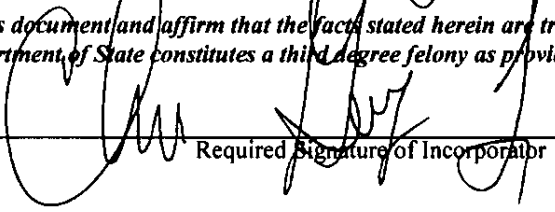


Required Signature of Registered Agent

11/28/2017

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

11/28/2017

Date

FILED
17 DEC -4 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA