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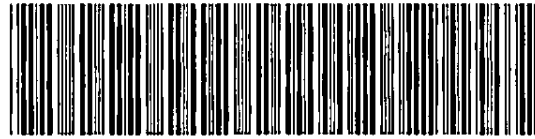
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** FAMILY CREED, 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:** MR. MICHAEL THOMAS  
\_\_\_\_\_  
Name (Printed or typed)

4209 Heath Circle North  
\_\_\_\_\_  
Address

West Palm Beach, FL 33407  
\_\_\_\_\_  
City, State & Zip

(321) 586-3717  
\_\_\_\_\_  
Daytime Telephone number

FamilyCreedinc@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: FAMILY CREED, INC.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
4209 Heath Circle North

West Palm Beach, Fl 33407

Mailing address, if different is:  
1108 10th Street

West Palm Beach, Fl 33401

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To the extent permitted by Code Section 501 (c) (3), the Corporation is  
organized exclusively for one or more of the following purposes: religious, charitable, scientific, testing for public safety, literary,  
or educational purposes, or to foster national or international amateur sports competition, or for the prevention of cruelty to children  
or animals. All references to "Code" are to the Internal Revenue Code of 1986 as amended or to corresponding provisions of future  
federal tax legislation. To participate in teaching The Family Creed as a tool to foster a generation of thinkers.

"The Thomas Family Creed" (Learn and Have Fun! If you don't listen you can't learn. If you don't learn you won't have fun, but  
if you do listen and learn we'll have a blast!)

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: see: Corp By-Laws

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Thomas, President- Director Name and Title: \_\_\_\_\_

Address 4209 Heath Circle North Address: \_\_\_\_\_  
West Palm Beach, Fl 33407

Name and Title: Tiffany Williams, M.Ed -Sec, Director Name and Title: \_\_\_\_\_

Address 4209 Heath Circle North Address: \_\_\_\_\_  
West Palm Beach, Fl 33407

Name and Title: Joey Kenley, MBA -Treasurer -Director Name and Title: \_\_\_\_\_

Address 4209 Heath Circle North Address: \_\_\_\_\_  
West Palm Beach, Fl 33407

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Michael Thomas

Address: 4209 Heath Circle North

West Palm Beach, Fl 33407

**ARTICLE VII INCORPORATOR**

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

Name: Michael Thomas

Address: 4209 Heath Circle North

West Palm Beach, Fl 33407

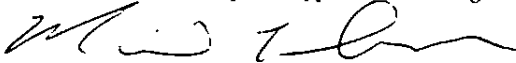
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: October 23rd 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

October 23rd 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

October 23rd 2017

Date

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA