

N18000002713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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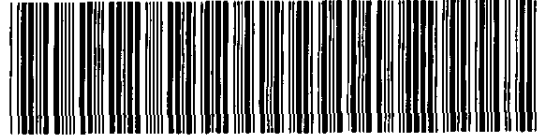
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 13 2018
C Kinsey

COVER LETTER

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

SUBJECT: FCI Tallahassee Employees Club, 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: Kimberly Hanvey
Name (Printed or typed)

501 Capital Circle NE
Address

Tallahassee FL 32301
City, State & Zip

850 878 2173 (x1273)
Daytime Telephone number

apillot@bop.gov
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: F.C.I. Tallahassee Employees Club INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

501 Capital Circle N.E.
Tallahassee FL 32301

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The purpose of the club is to promote fellowship among
its members and their families. The Employees Club shall arrange
and implement social gatherings and advise members of all
club benefits and activities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

AS PROVIDED FOR IN THE BYLAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly Harvey / President Name and Title: Jennifer Pinheiro / Secretary

Address: 501 Capital Circle N.E. Address: 501 Capital Circle N.E.
Tallahassee, FL 32301 Tallahassee FL 32301

Name and Title: Ferdinando McGriff / Vice President Name and Title: _____

Address: 501 Capital Circle N.E. Address: _____
Tallahassee, FL 32301

Name and Title: Alexis Rios / Treasurer Name and Title: _____

Address: 501 Capital Circle N.E. Address: _____
Tallahassee FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAR 13 PM 1:27

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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: Kimberly Harvey

Address: 501 CAPITAL CIRCLE N.E.

TALLAHASSEE FL 32301

ARTICLE VII INCORPORATOR

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

Name: Kimberly Harvey

Address: 501 CAPITAL CIRCLE N.E.

TALLAHASSEE FL 32301

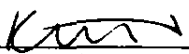
ARTICLE VIII EFFECTIVE DATE:

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.)

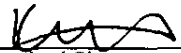
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

3/13/18
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

3/13/18
Date