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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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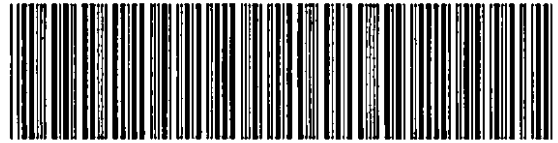
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 02 2018

T. SCOTT

## COVER LETTER

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

**SUBJECT:** Community Love, Incorporated

(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:** Valentina Davenport  
\_\_\_\_\_  
Name (Printed or typed)

740 SW 14th Street  
\_\_\_\_\_  
Address

Deerfield Beach, FL 33441  
\_\_\_\_\_  
City, State & Zip

954-260-7433  
\_\_\_\_\_  
Daytime Telephone number

valentinarsmith@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: Community Love, Incorporated

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
740 SW 14th St

Deerfield Beach, FL 33441

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To serve those in the blighted areas of our communities by providing food and clothing. To provide information that will assist with housing, education and employment

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

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Frederick Davenport, President

Address: 740 SW 14th St

Deerfield Beach, FL 33441

Name and Title: Valentina Davenport, Treasurer

Address: 740 SW 14th St

Deerfield Beach, FL 33441

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

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

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

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

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

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

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 APR 26 AM 9:09

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: Garrison-Ingram Consulting Agents, Inc

Address: 75 NW 45th Ave, #112  
Deerfield Beach, FL 33442

**ARTICLE VII INCORPORATOR**

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

Name: Jeanne Ward

Address: 75 NW 45th Ave, #112  
Deerfield Beach, FL 33442

**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*

Jeanne Ward  
Required Signature of Registered Agent

04/20/2018

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.*

Jeanne Ward  
Required Signature of Incorporator

04/20/2018

Date