N18000005636

(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:

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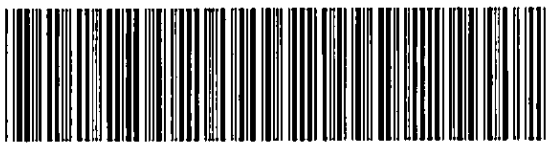

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Forever Apes 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: Lillian M C Gee
Name (Printed or typed)

1572 Marcia Ave.
Address

Tallahassee, Fl. 32310
City, State & Zip

(850)-901-4710
Daytime Telephone number

~~mcgee.lillian@gmail.com~~
E-mail address (to be used for future annual report notification)

ForeverApes@yahoo.com

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

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Forever Apes Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1572 Marcia Avenue
Tall FL 32310

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to educate people about the status of endangered Apes in Africa, and to fundraise for groups in the field who are studying, guarding, and training rangers to protect them. My emphasis is on Western lowland gorillas.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
as provided in the by laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lillian McGee
Address 1572 Marcia Ave.
Tall., Fl. 32310

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Lillian M McGee

Address: 1572 Marcia Avenue
Tallahassee, FL 32310

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Lillian M McGee

Address: 1572 Marcia Ave.
Tallahassee, FL 32310

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

Lillian M McGee
Required Signature of Registered Agent

4/21/18
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.

Lillian M McGee
Required Signature of Incorporator

4/21/18
Date