

118000005938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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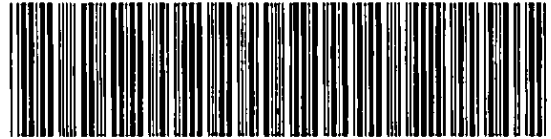
(Business Entity Name)

(Document Number)

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2018 MAY 29 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 31 2018

T. SCOTT

COVER LETTER

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

SUBJECT: Mary B Lewis Foundation, 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: Alex Lewis

Name (Printed or typed)

3809 Evergreen Oaks Dr

Address

Lutz FL 33558

City, State & Zip

973-274-5454

Daytime Telephone number

john.mitchellfinancial@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)

The undersigned incorporator ("Incorporator"), for the purpose of forming a corporation under the Florida Not For Profit Corporation Act, hereby adopts the following Articles of Incorporation in compliance with Chapter 617, F.S., (Not for Profit):

ARTICLE I NAME

The name of the corporation shall be: **MARY B LEWIS FOUNDATION, INC.** (hereinafter referred to as "Corporation").

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3809 EVERGREEN OAKS DR
LUTZ, FL 33558

Mailing address, if different is:
3809 EVERGREEN OAKS DR
LUTZ, FL 33558

ARTICLE III PURPOSE(s)

The purpose for which the corporation is organized is:

Said organization is organized exclusively for charitable, and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The manner in which the directors are elected and appointed is set forth in the organization's bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alex Lewis- Chairman
Address: 3809 EVERGREEN OAKS DR
LUTZ, FL 33558

Name and Title: Katarzyna Lewis-Secretary
Address: 3809 EVERGREEN OAKS DR
LUTZ, FL 33558

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: John Mitchell
Address: 20125 Outpost Point Drive
Tampa FL 33647

FILED
2018 MAY 29 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Mitchell
Address: 20125 Outpost Point Drive
Tampa FL 33647

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.

ARTICLE IX DISSOLUTION OF ASSETS PROVISION

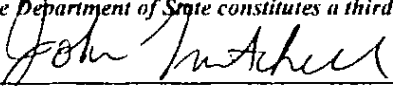
Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principle office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

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

 5/23/18

Required Signature of Registered Agent 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.

 5/23/18

Required Signature of Incorporator Date

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Name and Title:
Address:

Name and Title:
Address:

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Address: 20125 Outpost Point Drive
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Address: 20125 Outpost Point Drive
Tampa FL 33647

ARTICLE VIII EFFECTIVE DATE:

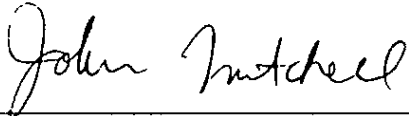
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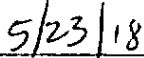
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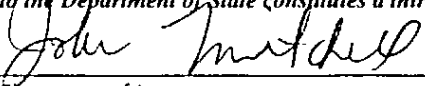


Required Signature of Registered Agent

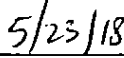


Date

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Required Signature of Incorporator



Date