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T. SCOTT



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2018 SEP 12 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: GALLON-HANKINS FAMILY REUNION 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: GLENN GALLON
Name (Printed or typed)

POST OFFICE BOX 784644
Address

WINTER GARDEN, FLORIDA 34778
City, State & Zip

(407) 913-2778
Daytime Telephone number

cgallon9@cfl.rr.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: GALLON-HANKINS FAMILY REUNION INCORPRATED

ARTICLE II PRINCIPAL OFFICE

Principal street address:
ELIZABETH GALLON-McGHEE

3676 CASITAS DRIVE

JACKSONVILLE, FLORIDA 32224

Mailing address, if different is:
GLENN GALLON

POST OFFICE BOX 784644

WINTER GARDEN, FLORIDA 34778

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO RECEIVE FUNDS FOR EXPENSES, FOR THE GALLON-HANKINS FAMILY REUNION ACTIVITIES.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELIZABETH GALLON-McGHEE (P,VT)

Address: 3676 CASITAS DRIVE

JACKSONVILLE, FLORIDA 32224

Name and Title: JOHN COLLINS McGHEE II (VP)

Address: 132 ROSWELL COMMONS WAY

ROSWELL, GEORGIA 30076

Name and Title: CARMEN LOUISE GALLON (S)

Address: 1416 BROKEN OAK DRIVE

WINTER GARDEN, FLORIDA 34787

Name and Title: GLENN GALLON (T)

Address: 1416 BROKEN OAK DRIVE

WINTER GARDEN, FLORIDA 34787

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 12 AM 8:42

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: GLENN GALLON

Address: 1416 BROKEN OAK DRIVE

WINTER GARDEN, FLORIDA 34787

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GLENN GALLON

Address: 1416 BROKEN OAK DRIVE

WINTER GARDEN, FLORIDA 34787

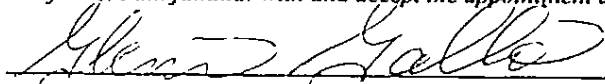
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: SEPTEMBER 6th 2018 (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

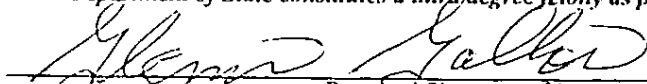


Required Signature of Registered Agent

SEPTEMBER 6th 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.



Required Signature of Incorporator

SEPTEMBER 6th 2018

Date



Department of the Treasury
Internal Revenue Service
Cincinnati, OH 45999

In reply refer to: 0248838022
Sep 05, 2018 LTR 147C
61-1727588

GALLON - HANKINS FAMILY REUNION
GLENN GALLON
PO BOX 784644
WINTER GARDEN, FL 34778

Taxpayer Identification Number: 61-1727588

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of September 5th, 2018.

Your Employer Identification Number (EIN) is 61-1727588. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

MS. S ALEXANDER
1000195642
Customer Service Representative