

N18000009973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

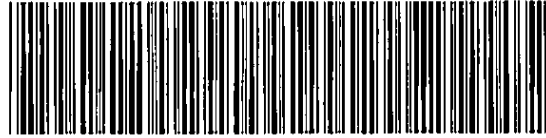
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800318510848

800318510848
09/18/18--01008--016 **236.25

RECEIVED
DEPARTMENT OF STATE
18 SEP 18 PM 2:38

2018 SEP 13 11:23 AM

N CULLIGAN

SEP 18 2018

COVER LETTER

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

Figgers Foundation

SUBJECT: _____
(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: _____
Freddie Figgers
Name (Printed or typed)

2910 Kerry Forest Parkway Suite: D4-422

Address

Tallahassee, Florida 32317

City, State & Zip

800-610-1523

Daytime Telephone number

info@FiggersFoundation.org

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: Figgers Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2910 Kerry Forest Parkway Suite: D4-422
Tallahssee, Florida 32317

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Support Youth, and Philanthropy love of humanity.

2016 SEP 13

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

will be provided in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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: Freddie Figgers
Address: 2910 Kerry Forest Parkway Suite: D4-422
Tallahassee, Florida 32317

2018 SEP 13 11:43 AM
RECEIVED
CORPORATION DIVISION

ARTICLE VII INCORPORATOR

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

Name: Freddie Figgers
Address: 2910 Kerry Forest Parkway Suite: D4-422
Tallahassee, Florida 32317


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

8-29-2018
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

8-28-2018
Date