

# N18000009973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

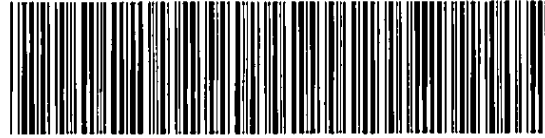
(Business Entity Name)

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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.

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 10:41 AM

**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