

N18 000 011 260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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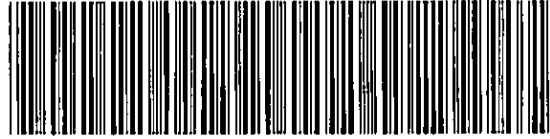
(Business Entity Name)

(Document Number)

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D O'KEEFE
OCT 24 2018

COVER LETTER

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

SUBJECT: FRANKLIN COUNTY STRONG, 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: Karen Cox-Dennis
Name (Printed or typed)

513 HART STREET
Address

TALLAHASSEE, FL 32301
City, State & Zip

850 653 6930
Daytime Telephone number

karen@forgottencoastproductions.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: FRANKLIN COUNTY STRONG, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

513 HART STREET
TALLAHASSEE, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide direct relief
of food, reconstruction materials
and local infrastructure, employment
and business support for victims
of Hurricane Michael.

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

APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

KAREN COX-DENNIS

Name and Title:

T-D

Address

513 HART ST

Address:

TALLAHASSEE FL 32301

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2018 OCT 24 PM 1:29

FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name:

Karen Cox-Dennis

Address:

same as above
513 Hart St, Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Karen Cox-Dennis

Address:

513 Hart St, Tallahassee, FL 32301

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-24-18 (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

Date

10-24-18

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

Date

10-24-18