

N180000 13294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

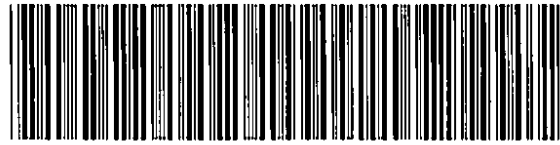
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STATE OF FLORIDA  
TALLAHASSEE, FL

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL ORIDA

## COVER LETTER

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

SUBJECT: Project 200 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: Hinton E. Battle II  
Name (Printed or typed)

P.O. Box 14201  
Address

Tallahassee, FL 32317  
City, State & Zip

850-212-5191  
Daytime Telephone number

hintonbattle@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)

**ARTICLE I NAME**

The name of the corporation shall be:

PROJECT GOO INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1093 Rockbrook Ct.  
Tallahassee, FL  
32311

Mailing address, if different is:

P.O. Box 14201  
Tallahassee, FL  
32317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To facilitate economic  
empowerment and giving opportunities  
for youth and families in deserving  
communities

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

Interviewed Appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Reneshia Hood Director

Address: 5 W. Clearmont Ct Address: \_\_\_\_\_

Fl. Myrtle, FL

33916

Name and Title: Hinton Battle III Director

Address: 1093 Rockbrook Ct Address: \_\_\_\_\_

Tallahassee, FL

32311

Name and Title: Shaurcy Williams Director

Address: 9113 Hanover Ct. Address: \_\_\_\_\_

Lithia Springs, GA

30122

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Tallahassee, FL

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: Hinton Battle  
Address: 1093 Rockbrook Ct.  
Tallahassee, FL  
32311

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Hinton Battle  
Address: 1093 Rockbrook Ct.  
Tallahassee, FL  
32311

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12-30-18 (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

12-21-18  
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

12-21-18  
Date

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