

N1900000301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

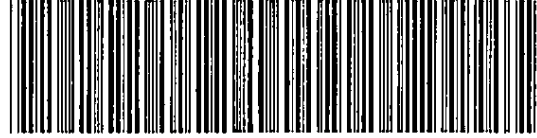
(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN -9 AM 8:29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2018

GATEWAY CITY COMPANY R
P.O. BOX 1974
LAKE CITY, FL 32056

SUBJECT: GATEWAY CITY COMPANY R
Ref. Number: W18000097721

We have received your document for GATEWAY CITY COMPANY R and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 918A00025848

COVER LETTER

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

SUBJECT: GATEWAY CITY UNIT R, 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: LYNDA ELLIOTT

Name (Printed or typed)

665 NE MARTIN LUTHER KING STREET

Address

LAKE CITY, FLORIDA 32055

City, State & Zip

386-867-6600

Daytime Telephone number

lyndae_elliott@yahoo.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: GATEWAY CITY UNIT R, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
1688 NE WASHINGTON STREET
LAKE CITY, FLORIDA 32055

Mailing address, if different is:
POST OFFICE BOX 1974
LAKE CITY, FLORIDA 32056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE MENTORING AND LEADERSHIP SKILLS TO YOUTH
IN THE COMMUNITY.

TO WORK THE LOCAL SCHOOL TO PROVIDE TUTORIAL ASSISTANCE TO AT RISK YOUTH.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>LYNDA ELLIOTT</u>	Name and Title:	_____
Address	<u>665 NE MARTIN LUTHER KING ST</u>	Address:	_____
	<u>LAKE CITY, FLORIDA 32055</u>		_____
	<u>COMMANDER</u>		_____

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

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

MAJORITY VOTE

2013 JAN -9 AM 8:29

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: LYNDA ELLIOTT
Address: 665 NE WASHINGTON ST
LAKE CITY, FL 32055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LYNDA ELLIOTT
Address: 665 NE WASHINGTON ST
LAKE CITY, FL 32055

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

12/7/18

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

12/7/18

Date