

N19000002281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 FEB 25 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 05 2019

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COVER LETTER

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

SUBJECT: STRAWBERRY RIDGE BENEVOLENT FUND INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

EIN 83-3612689

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: THOMAS Beckmeyer
Name (Printed or typed)

3632 WHISTLE STOP LANE
Address

VALRICO, FL 33594
City, State & Zip

813 601 5331
Daytime Telephone number

TOM BECKMEYER. QB @ 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: STRAWBERRY RIDGE BENEVOLENT FUND INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

509 STRAWBERRY RIDGE BLVD

VALRICO, FL 33594

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE FUNDS FOR NEEDY
PEOPLE FOR LAWN CARE, PRESSURE WASHING OF
HOME AND GUTTER CLEANING IN STRAWBERRY
RIDGE ADULT PARK.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

AS STATED IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIANA BUSTER P

Name and Title:

Address: 418 BOXCAR WAY

Address:

VALRICO, FL 33594

Name and Title: TERRY BROWN V-P

Name and Title:

Address: 3514 METEOR PL

Address:

VALRICO, FL 33594

Name and Title: DONALD RACKLEY S-T

Name and Title:

Address: 230 CHOC CHOC LA

Address:

VALRICO, FL 33594

2019 FEB 25 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: THOMAS Beckmeyer

Address: 3632 WHISTLE STOP LN
VALZICO, FL 33594

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS Beckmeyer

Address: 3632 WHISTLE STOP LN
VALZICO, FL 33594

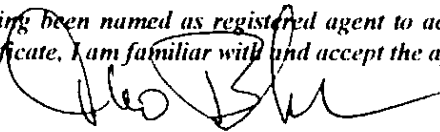
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: FEB 27, 2019 (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.

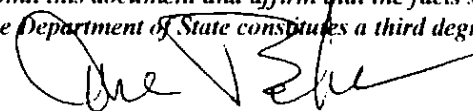
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

FEB 20, 2019
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

FEB 20, 2019
Date