

N19000004657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON
MAY 03 2019



400328298774

05/14/18--01028--021 **76.75

SECRETARY OF STATE
FALL ARKANSAS
19 APR 25 PM 12:53
FILED

COVER LETTER

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

SUBJECT: FABABILITY, 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: Charity Mackey

Name (Printed or typed)

2914 Adrian Avenue

Address

Largo Florida 33774

City, State & Zip

(727)831-3291

Daytime Telephone number

Mackeycharity@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED
19 APR 25 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME FABABILITY, INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
2914 Adrian Avenue	SAME
_____	_____
Largo Florida 33774	_____
_____	_____
_____	_____

ARTICLE III PURPOSE This Corporation is a non-profit public benefit corporation and is not organized for the private gain of any person. The purpose for which the corporation is organized is: _____
The corporation is organized under the non-profit public benefit corporation law for charitable and educational purposes. The program (s) will consist of but shall not be limited to: Emergency homeless services in Tampa Bay FL, provide a critical safety net, saving both lives and valuable health care resources; Disability Programs,, Veterans Programs and Juvenile Inmates re- entry; Educational Enrichment; Career Seminars; Elderly Care; Wellness Seminars; Mentorship; Entrepreneurship; Tutoring; After school program (s) for youth at high risk; Counseling; Job training and Job placement; Substance Abuse; and other programs to aide those at risk.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: accordance w/By-law
The directors are elected in accordance with the By-laws. A director must be at least age 18 years of age. The number of Directors shall be three (3).

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charity Mackey - President	Name and Title: _____
Address: 2914 Adrian Avenue	Address: _____
Largo, Fl 33774	_____
_____	_____
Name and Title: Rose Mackey - Treasurer	Name and Title: _____
Address: 2914 Adrian Avenue	Address: _____
Largo, Fl 33774	_____
_____	_____
Name and Title: Rose Mackey - Secretary	Name and Title: _____
Address: 2914 Adrian Avenue	Address: _____
Largo, FL 33774	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 APR 25 PM 12:53
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: Charity Mackey

Address: 2914 Adrian Avenue
Largo, Fl 33774

FILED
19 APR 25 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Charity Mackey

Address: 2914 Adrian Avenue
Largo, Fl 33774

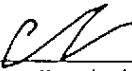
ARTICLE VIII EFFECTIVE DATE:

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.)

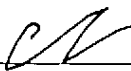
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

05/04/2018
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

05/04/2018
Date