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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

19 MAY 20 PM 3:47

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## COVER LETTER

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

**SUBJECT:** CRIB Network, 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:** Craig M. Mitchell  
Name (Printed or typed)

2647 Amber Trace  
Address

Tallahassee, Florida 32303  
City, State & Zip

(850) 294-7474  
Daytime Telephone number

craiggmitch@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: CRIB Network, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
2647 Amber Trace

Tallahassee, FL. 32303

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: (Also refer to attached)

The purpose of CRIB Network, Inc. is to provide collaborative educational training, tools and resources  
needed to better promote economic, social, and personal growth while removing institutional  
barriers to encourage innovation, inspiration, and industrialization for stronger communities.

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

As stated in By-Laws.

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

Name and Title: Craig M. Mitchell, President

Address: 2647 Amber Trace

Tallahassee, FL. 32303

Name and Title: Kiara Carmon, Vice President

Address: 2647 Amber Trace

Tallahassee, FL. 32303

Name and Title: Tiffany Baker, Secretary

Address: 2647 Amber Trace

Tallahassee, FL. 32303

Name and Title: Kameron Gomez, Treasurer

Address: 2647 Amber Trace

Tallahassee, FL. 32303

Name and Title: Jonathan David, Board Member

Address: 2647 Amber Trace

Tallahassee, FL. 32303

Name and Title:

Address:

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**Article III – Purpose**  
**CRIB Network, Inc.**  
**(Communities Removing Institutional Barriers)**  
**(Article III Attachment)**

Organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501c3 of the Internal Revenue Code, or corresponding section of any future tax code. Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501c3 of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to the state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes. The mission of the CRIB Network, Inc. is to provide youth with collaborative educational training, tools, and resources needed to better promote economic, social, and personal growth while removing institutional barriers to encourage innovation, inspiration, and industrialization for stronger communities.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

Name: Craig M. Mitchell

Address: 2647 Amber Trace

Tallahassee, FL. 32303

**ARTICLE VII INCORPORATOR**

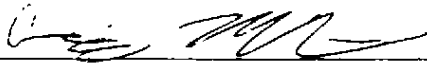
The name and address of the Incorporator is:

Name: Craig M. Mitchell

Address: 2647 Amber Trace

Tallahassee, FL. 32303

*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

5/20/19

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

5/20/19

Date

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TALLAHASSEE  
FLORIDA  
STATE DEPARTMENT