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## COVER LETTER

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

SUBJECT: Fair Start, 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: Cicely Clary  
Name (Printed or typed)

1563 Capital Circle SE  
Address

Tallahassee, FL 32311  
City, State & Zip

850-322-4687  
Daytime Telephone number

Cicely.clary@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: Fair Start, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1563 Capital Circle SE  
Tallahassee, FL 32311  
Suite 122

Mailing address, if different is:

1563 Capital Circle SE  
Tallahassee, FL 32311  
Suite 122

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Fair Start Financial Education  
to students of low income. This program  
teaches the literacy of money and life skills  
to apply their financial knowledge.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointed by  
meeting

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

Name and Title: Cicely Clary, President Name and Title: \_\_\_\_\_

Address 1563 Capital Circle SE Address: \_\_\_\_\_  
suite 122  
Tallahassee, FL 32311

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

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

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

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

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TALLAHASSEE, FLORIDA

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

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

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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: Cicely Clary  
Address: 192 Sugar Plum Dr  
Tallahassee, FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cicely Clary  
Address: 1563 Capital Circle SE  
Tallahassee, FL 32311

**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*

Cicely Clary  
Required Signature of Registered Agent

7/10/19  
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.*

Cicely Clary  
Required Signature of Incorporator

7/10/19  
Date