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COVER LETTER

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

Miducy
SUBJECT: Community Improvement Organization Inc

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: Charles Willis TT
Name (Printed or typed)

547 Collins Ford DR

Tallahasse Fla 32343

(850)933-9253

Daytime Telephone number

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

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

The name of the corporation shall be: Community	y Improvement Organization, Inc
ARTICLE II PRINCIPAL OFFICE	
Principal street address: Collins Fund Or	Mailing address, if different is:
	
32301	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	munity and Service
Troi projet give con	Trianto 19 giulia de avisa
ARTICLE IV MANNER OF ELECTION The manner	er in which the directors are elected and appointed:
Directors appoint	
1,	rane
Charles William Harries	Olivia Thomas
Name and Title:	Name and Title: ITES(25)
Address 547 Collinstoral DR	Address: 547 Calins For Or
Tallahasser, Fla	Talkhassiz AG
	32310
Name and Title:	Name and Title:
Address	Address:
Name and Title:	
Address	Address:
	
	· -

Name and Litle:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	. ,
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.C	Box NOT acceptable) of the registered agent is:	
Name: Charles W	lithes II	
Address: 547 Calin	stord Dr 25, F19 32301	
ARTICLE VII INCORPORATOR The name and address of the Incorporator	i c .	
Name: Charles W	ilie II	
Address: 547 Collin	Stord DR	
191194ass	: 5 Ha 3230	s, • r
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of fill (If an effective date is listed, the date m	ng:	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.	
Having been named as registered agent certificate, fram familiar with and accept	to accept service of process for the above stated corporation at the place designated in the the appointment as registered agent and agree to act in this capacity	is
Required Sign:	Ture of Registered Agent Date	
I submit this document and affirm that the to the Department of State constitutes a the	e facts stated herein are true. I am aware that any false information submitted in a documer ird degree felony as provided for in s.817.155. F. \(\).	nt
Cherry	10/11/19	
Required	Signature of Incorporator Date	