

19000010900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

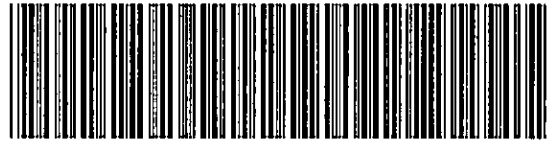
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W1900090806



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FILED
2019 OCT 16 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FL 32399



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2019

SLEEPY HERD, INC
6241 SAVANNAH BREEZE CT SUITE 204
TAMPA, FL 33625

SUBJECT: SLEEPY HERD INC
Ref. Number: W19000090806

We have received your document for SLEEPY HERD INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 619A00020979

September 27, 2019

Florida Secretary of State
Attn: New Business Entity Filings
PO Box 6327
Tallahassee, FL 32314

Re: New Non-Profit Entity Filing
Sleepy Herd Inc.,

To whom it may concern:

I enclose payment of \$87.50 payable through US Postal money order for the required filing fee, as well as for a "Certificate of Status" and a Certified Copy. Today, I endeavored to file this form online through the portal but it continued to say that the purpose section could not exceed 240 characters. The problem was that it would not accept the form though the count was under 240 characters. After several repeated efforts that required the online form to be filled out again and again, I have chosen to just mail it all in directly to you.

Also, I did reach out to speak to someone through telephone call efforts, but it said that there was a high call volume and to please try back later at some point, or to go to the website. After this automated response, the phone call was terminated on me. As you can see, sending this information to you seemed like the best way to actually achieve the desired filing.

If everything is in order, please accept and issue the proof of payment, status, and the like. If there is anything that you still require, then will you please kindly email me a person or link or phone number to whom I may immediately address this matter.

Best regards,
Kelsay Patterson

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6127
Tallahassee, FL 32314

SUBJECT: S. LEE P. HERD, 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: Kelsay Patterson
Name (Printed or typed)

6241 Savannah Breeze Ct., #204

Address

TAMPA FLORIDA 33625

City, State & Zip

813-696-8699

Daytime Telephone number

kpluw@bellsouth.net

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: SLEEPY HERD, INC.,

ARTICLE II PRINCIPAL OFFICE

Address: 6241 SAVANNAH BREEZE CT
Suite, Apt. #, etc. SUITE 204
City, State TAMPA, FL
Zip Code & Country 33625-, UN

ARTICLE III PURPOSE

The purpose for which the corporation is organized is

REQUIRED PURPOSE: ACCESS PUBLIC & PRIVATE FUNDS TO DEVELOP DESIGNATED PLACES FOR HOMELESS PEOPLE LIVING IN THEIR VEHICLES TO RIGHTFULLY BE WHERE THEY CAN SAFELY SLEEP EACH NIGHT. DISSOLUTION OF ASSETS WOULD GO TO A SIMILAR NONPROFIT.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
AS PROVIDED FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Title PRES
Name (Last, First, Middle, Title) PATTERSON, KELSAY
Street Address 6241 SAVANNAH BREEZE CT
City, State TAMPA, FL
Zip Code & Country 33625-, USA
Name And Address #2
Title VP
Name (Last, First, Middle, Title) HARRIS, WILLIAM
Street Address 509 WHETSTONE GLEN STREET
City, State GAITHERSBURG, MD
Zip Code & Country 20877, USA
Name And Address #1
Title VP
Name (Last, First, Middle, Title) HARRISON, JEFF
Street Address 4329 BLACKBEARD ROAD
City, State VIRGINIA BEACH, VA
Zip Code & Country 23455, USA
Name And Address #1
Title VP
Name (Last, First, MI, Title) CAMPBELL, GEORGE, W
Street Address 10048 HIDDEN PINES

Bonita Springs, FL 34135

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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Name And Address # 5

Title VP
Name (Last, First, Middle, Title) SINGLETON, CLAYTON
Street Address 3620 SOUTH WARWICK CIRCLE
City, State NORFOLK, VA
Zip Code & Country 23513, USA

ARTICLE VI REGISTERED AGENT

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

Name: RUSSELL S. PRINCE, ESQ
Address: 8270 WOODLAND CENTER BLVD
City, State TAMPA, FL 33614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kelsay Patterson
Address: P.O. Box 273826 Tampa, FL 33688

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

If an effective date is filed, 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.

I, _____, being duly 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

10/15/19
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

10/15/2019
Date