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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

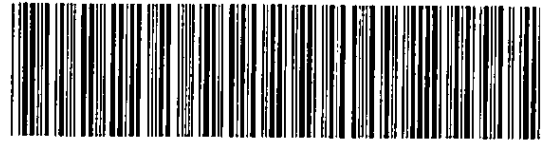
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. SCOTT

FILED
2019 NOV 27 PM 12:18
FALLING SPRING, MO
CLERK OF COURT

COVER LETTER

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

SUBJECT: Gadsden County Athletic Hall of Fame
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
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: James Anderson
Name (Printed or typed)

55 Quail Roost Dr. E.
Address

Quincy FL 32352
City, State & Zip

Daytime Telephone number

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: Gadsden County Athletic Hall of Fame, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

55 Quail Roost Dr. E
Quincy FL 32352

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: non-profit for Gadsden County Athletic Hall of Fame

tel 38-4088649

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors Are Elected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

James Anderson P
55 Quail Roost Dr. E.
Quincy FL 32352

Name and Title:

Charlene Hudson T
55 Quail Roost Dr. E.
Quincy FL 32352

Name and Title:

Eugene Lamb Co-VP
55 Quail Roost Dr E
Quincy FL 32352

Name and Title:

Shinita Mercer S
55 Quail Roost Dr E
Quincy FL 32352

Name and Title:

Ann Sherman, Co-VP
55 Quail Roost Dr E
Quincy FL 32352

Name and Title:

Address:

Address:

2013 NOV 27 PM 12:10
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2013 NOV 27 PM 12:10

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:

James Anderson

Address:

55 Quail Roost Dr. E
Dunwoody FL 32352

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

James Anderson

Address:

55 Quail Roost Dr. E.
Dunwoody FL 32352

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

James Anderson

Required Signature of Registered Agent

11/26/2019

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.

James Anderson

Required Signature of Incorporator

11/26/2019

Date

11-26-19

I James Anderson President of
Gadsden County Athletic Hall of Fame, Inc.
have no intentions of reinstating N18000007837
And would like to start a new corporation with
same exact name in which I would be president

~~James Anderson~~
James Anderson