

N19000013139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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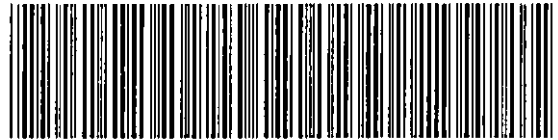
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Gabie Gives Back 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: Armando Barrionuevo
Name (Printed or typed)

1050 S Southlake Dr
Address

Hollywood, FL 33019
City, State & Zip

305-926-4769
Daytime Telephone number

gabiegivesback@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: Gabie Gives Back Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1050 S Southlake Dr

Hollywood, FL 33019

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
to provide STEM education for underprivileged children in urban areas by bringing our mobile program to schools at no cost or reduced cost.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated by bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Armando Barriovuevo, President

Address: 1050 S Southlake Dr
Hollywood, FL 33019

Name and Title: _____

Address: _____

Name and Title: Darelynn Prejean, Vice President

Address: 1050 S Southlake Dr
Hollywood, FL 33019

Name and Title: _____

Address: _____

Name and Title: Kelly Spicer, Secretary

Address: 120 Sherwood Cir
9B
Jupiter, FL 33458

Name and Title: _____

Address: _____

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SECRETARY
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: Armando Barrionuevo

Address: 1050 S Southlake Dr

Hollywood, FL 33019

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Armando Barrionuevo

Address: 1050 S Southlake Dr

Hollywood, FL 33019

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:



Required Signature of Registered Agent

12-27-19
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

12-27-19
Date