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## COVER LETTER

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

SUBJECT: GALLON-HANKINS-FAMILY REUMICN, INC

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

□ \$70.00

☐ \$78.75

Filing Fee

Filing Fee &

Certificate of

Status

□\$78.75

□ \$87.50

Filing Fee,

Filing Fee & Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

2996 BARPN LANE

850-567-8002

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)

The name of the corporation shall	Ibe: GALLON	1-HANKI	15-FAMILY	REUNIO	y II
RTICLE II PRINCIPAL O			,		
Principal <u>stree</u> 2_996	<u>t</u> address: BARDN L/S	INE	Mailing address, if diffe		
TALL-AL	HASSEE, FL	A 32705	<del></del> 		<del></del>
RTICLE III PURPOSE ne purpose for which the corp	oration is organized is:	NON-	PROHIT-		
he purpose for which the corp	Reunfor	V EVE	<i></i>		
RTICLEIV MANNER OF	PRINTED B	er in which the directo	rs are elected and appointed	FAMILY RE	 Fuxi'd
<u>RTICLE V — INITIAL OFF</u>	ICERS <u>AND/OR DIRECT</u>	ORS	_		
ame and Title: Eddle (	BARON LA	Name and Title:			
	AHASSEE,			·	
ame and Title:	32305	Name and Title:			
ddress		_ Address:		2020 FEB	
	$\longrightarrow$	_		- <del>                                     </del>	
ame and Title:		Name and Title:		7 M 12: 88	
ddress	· 	Address:			

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 acc	
Name: Eddie GALLON, Address: 2996 BARDN	DR:
Address: 2996 BARDN	LANE
TAILAHASSEE	+44,32313
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Name: EddiE GAHON	DN LAINE E, Fla. 32305
Address: 2996 BAR	DN LAINE
TALLIA HASSE	E, Fla. 32305
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific	. (OPTIONAL) 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 document's effective date on the Department of State's re-	applicable statutory filing requirements, this date will not be listed as the coords.
certificate, I am familiar with and accept the appointment	
_ Eddie Baller 58- Required Signature of Registere	2/17/2020 rd Agent 1/ate
I submit this document and affirm that the facts stated her the Department of State constitutes a third degree felony of	vein are true. I am aware that any false information submitted in a document to is provided for in s.817.155, F.S.
- Edekie Galler Required Signature of Inc.	5/2- 2/18/2020 orporator Pate