

N20000003832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

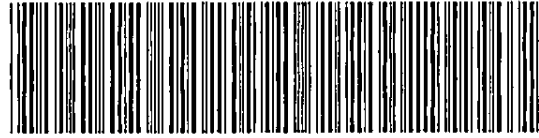
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 APR -6 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

2020 MAR 27 AM 11:33  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN  
APR 7 2020

## COVER LETTER

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

SUBJECT: Continued Bessie Blessings, 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 *psm*  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Alexiss Diana Grimes  
Name (Printed or typed)

1747 Capital Circle NE Apt. 301  
Address

Tallahassee, Florida 32308  
City, State & Zip

850 933 5392  
Daytime Telephone number

alexissgrimes1984@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2020

ALEXIS DIANA GRIMES  
1747 CAPITAL CIRCLE NE APT. 301  
TALLAHASSEE, FL 32308

SUBJECT: CONTINUED BESSIE BLESSINGS, INC.  
Ref. Number: W20000033353

RECEIVED  
2020 APR-6 PM 2:25  
TALLAHASSEE, FLORIDA

We have received your document for CONTINUED BESSIE BLESSINGS, INC. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If you list directors you must list 3.

Please return 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 520A00006851

*Maid out*

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

**ARTICLE I NAME**

The name of the corporation shall be: Continued Bessie Blessings, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

1747 Capital Circle NE ← same 1747 Capital Circle NE  
Apt 301, Tallahassee Apt 301, Tallahassee  
FL 32308 Florida 32308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Said Corporation is organized  
exclusively for charitable, religious, educational, and  
scientific purposes. Further, said corporation is designed to  
cater to the needs of the homeless community  
in Leon and surrounding counties. Said corporation  
will provide free food, clothing, hygiene products and  
felt religious inspiration to said homeless population desiring  
support.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Annual  
Meeting

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ervin Davis → officer Name and Title: \_\_\_\_\_

Address: 1747 Capital Circle NE Address: \_\_\_\_\_  
Apt 301, Tallahassee  
FL 32308

Name and Title: Jackie Elaine Jenkins → officer Name and Title: \_\_\_\_\_

Address: 2315 Jackson Bluff Road Address: \_\_\_\_\_  
Tallahassee FL 32304

Name and Title: Maurice Antrion Grimes → officer Name and Title: \_\_\_\_\_

Address: 1747 Capital Circle NE Address: \_\_\_\_\_  
Apt 301, Tallahassee  
FL 32308

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 APR -6 AM 11:19

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: Alexiss Diana Grimes

Address: 1747 Capital Circle NE 301  
Tallahassee FL 32308

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Barbara L. Davis

Address: P.O. Box 14402  
Tallahassee, FL 32317

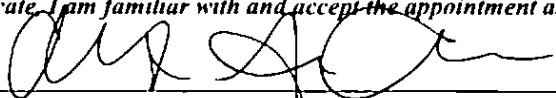
**ARTICLE VIII EFFECTIVE DATE:**

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.)

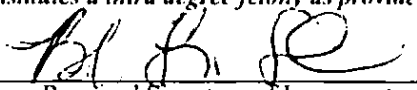
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

3/26/2020  
\_\_\_\_\_  
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

3/26/2020  
\_\_\_\_\_  
Date

FILED  
2020 APR -6 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FL