

NZ0000004537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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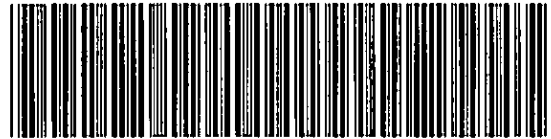
(Business Entity Name)

(Document Number)

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MAR 9 2020

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAR -9 PM 4:53

COVER LETTER

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

SUBJECT: LEWEY'S Outreach and Fitness Incorporated
(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: Lewis J Casson
Name (Printed or typed)

2431 NE 13th Avenue
Address

Gainesville, FL 32641
City, State & Zip

(352) 872-2211
Daytime Telephone number

LewisCasson@hotmail.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: Lewey's Outreach and Fitness Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2431 NE 13th Ave
Gainesville, FL 32641

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: At risk Communities, are the core of the city that need to have the opportunity for a successful start in education and sports, regardless of age, race, gender, family composition, income or community. In response to this disparity, Lewey's Outreach and Fitness Incorporated will be created to provide such programs necessary in bridging these gaps of disparity.

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

IN the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cason, Lewis J (President)

Address: 2431 NE 13th Ave
Gainesville, FL 32641

Name and Title: Fuller, Remington B (Vice President)

Address: 2617 NW 34th Terr
Gainesville, FL 32605

Name and Title: Reynolds, Courtney S (Treasurer)

Address: 1017 NW 42nd Ave
Gainesville, FL 32609

Name and Title: Matoiseau, Marc (Secretary)

Address: 815 NE 9th Ave
Gainesville, FL 32601

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

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: Cason, Lewis J

Address: 2431 NE 13th Ave
Gainesville, FL 32641

ARTICLE VII INCORPORATOR

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

Name: Reynolds, Courtney S

Address: 1017 NW 42nd Ave
Gainesville, FL 32609

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

Lewis Cason

Required Signature of Registered Agent
Lewis Cason

12-31-2019

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.

Courtney S. Reynolds

Required Signature of Incorporator

12-31-2019

Date

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DIVISION OF CORPORATIONS
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