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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

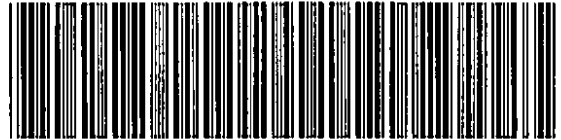
(Business Entity Name)

(Document Number)

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

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2020 MAY 28 PM 3:59  
JULIA S. J.

## COVER LETTER

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

**SUBJECT:** Manhood Mentorship, 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:** Jonathan Gary

\_\_\_\_\_  
Name (Printed or typed)

640 Clematis St Ste 2204

\_\_\_\_\_  
Address

West Palm Beach, FL 33401

\_\_\_\_\_  
City, State & Zip

954-595-0302

\_\_\_\_\_  
Daytime Telephone number

jonathangarysr@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

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JUL 28 2020

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

**ARTICLE I NAME**

The name of the corporation shall be: Manhood Mentorship, Inc.,

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
640 Clematis St

Ste 2204

West Palm Beach, FL 33401

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To help adult men learn how to become 'better men' by offering them opportunities to listen to speakers on a variety of topics,  
providing advice on fatherhood and relationships, organizing peer counseling services, and extending additional help  
through ongoing support and guidance.

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

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

Name and Title: Reginald Jones, Chairman

Address: 200 SE 1st Avenue  
Pompano Beach, FL 33060

Name and Title: Tamika Watts, Treasurer

Address: 18600 SW 41st Street  
Miramar, FL 33029

Name and Title: Avril Scott, Secretary

Address: 150 Prestiage Drive  
Royal Palm Beach, FL 33411

Name and Title: Seth Roberts, Director

Address: 16730 NW 82nd Avenue  
Miami Lakes, FL 33016

Name and Title: Grant Love, Director

Address: 2900 Delk Road Suite 700  
PMD285  
Marietta, GA 30067

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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2020 MAY 28 PM 3:59

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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: Jonathan Gary \_\_\_\_\_

Address: 640 Clematis St Ste 2204 \_\_\_\_\_

West Palm Beach, FL 33401 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Jonathan Gary \_\_\_\_\_

Address: 640 Clematis St Ste 204 \_\_\_\_\_

West Palm Beach, FL 33401 \_\_\_\_\_

**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.)

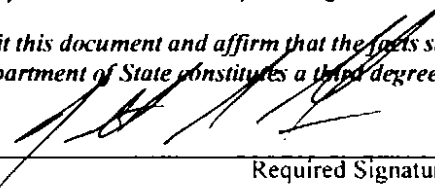
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5/18/20  
\_\_\_\_\_  
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

5/18/20  
\_\_\_\_\_  
Date