

N200000011675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

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2020 OCT 16 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FL

N CULLICOTT

OCT 1 2020

## COVER LETTER

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

SUBJECT:

Forever Apps 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:

Lillian McGee  
Name (Printed or typed)

1572 Marcia Ave.  
Address

Tallahassee, FL  
City, State & Zip

(850)-901-4710  
Daytime Telephone number

mcgeelillian@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)

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ARTICLE I NAME

The name of the corporation shall be: Forever Apes Inc.

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1572 Marcia Ave.  
Tallahassee, FL  
32310

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To educate and enlighten  
people as to the problems that apes -  
(primarily gorillas - face in our modern world.  
(Fundraising may be done on social media, as well).

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:

Forever Apes

Name and Title:

Lillian McGeep

Address

1572 Marcia Ave.  
Tall, FL 32310

Address:

1572 Marcia Ave.  
Tallahassee, FL  
32310

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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 acceptable) of the registered agent is:

Name: Lillian M. McGee

Address: 1572 Marcia Ave.

Tall., FL 32312

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Lillian M. McGee

Address: 1572 Marcia Ave.

Tall., FL 32310

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SECRETARY OF STATE  
TALLAHASSEE, FL

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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

Lillian McGee  
Required Signature of Registered Agent

10/16/20  
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.

Lillian McGee  
Required Signature of Incorporator

10/16/20  
Date