

N20000011676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

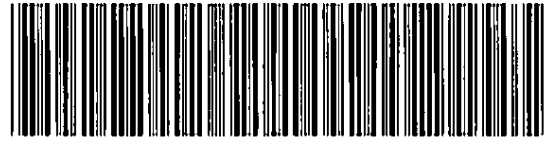
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200353726202

10/16/20--01001--017 **140.00

FILED

RECEIVED

2020 OCT 16 AM 8:09

2020 OCT 16 PM 2:35

SECRETARY OF STATE

TALLAHASSEE, FL

2020 OCT 16 PM 2:35

N C 1110 11

OCT 1 2020

COVER LETTER

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

SUBJECT:

Forever Trunks 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 Avenue

Address

Tallahassee, FL 32310

City, State & Zip

850-901-4710

Daytime Telephone number

PennyMcGee@gmail.com

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

* mcgee.lillian@gmail.com

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:

Foroiver Trunks Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1572 Marcia Ave
Tall., FL 32310

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To educate & enlighten
the public to the dire problems that
elephants and other endangered wildlife in
Africa face (Asian elephants are included)
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:

Lillian McGee P

Name and Title:

Address:

1572 Marcia Ave
Tall., FL 32310

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

SECRETARY OF STATE
TALLAHASSEE, FL

2020 OCT 16 AM 8:09

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: Lillian McGee
Address: 1572 Marcia Ave.
Tallahassee, FL 32310

2020 OCT 16 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lillian McGee
Address: 1572 Marcia Ave.
Tallahassee, FL 32310

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