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Department of State Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

SUBJECT:

Tennie Ru Project, 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: Thomasenia Lott Adams

Name (Printed or typed)

6903 Millhopper Road

Gainesville, FL 32653
City. State & Zip

352.283.0282

Daytime Telephone number

<u>Hennieruproject e amail.com</u> 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)

The name of the corporation shall be: Tennie Ru Proje	et, Inc.
ARTICLE II PRINCIPAL OFFICE	Mailing address, if different is:
Principal street address:	Mailing address, if different is:
6903 Millhopper Road	
Gainesville, FL 32653	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: +o pro	
support, and training for fam	rilies that are raising
Black boys in service to the	. community.
(This nonprofit corporation v	vill not engage in activities
unrelated to its exempt purp	
political or legislative acti	vity. If this non profit
corporation dissolves, all as	sets are to be transferred
corporation dissolves, all as to Ivory's Place, Inc.) ARTICLE IV MANNER OF ELECTION The manufer in which	The Chief
Executive Officer will appoint	4 611 66 4010.
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Thomasenia Lott Adam	
Name and Title: Chief ExecutiveOff. Name:	and Title: Chief Operating Oth
Address 6903 Millhopper Rd Addres	55: 6903 Millhopper Rd
Gainesville, FL 32653	Gainesville, FL 32653
Name and Title: President Name :	Janie Crawford
_	
Address 192 Koons Hill Rd_ Address	1230 NE 20 Place
_Saluda, SC 29138	Gainesville, FL 32601
Nena Banks Name and Title: vice President Name:	veronica Alexander and Title: Director
Name and Title: VICE President Name:	and Little: UYYCCTOY
Address 1012 Aunt Prissey Count	
Florence, SC 29505	Pine Bluff, AK 71603-8306

Name and Title	Rhoda Celestine <u>Director</u>	Name and Title:	·
Address	1325 NE 37 Place	Address:	
	Gainesville, FL 32609		
	·		
Name and Title	·:	Name and Title:	,
Address		Address:	
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT accep	otable) of the registered agent is:	
Name:	Thomasenia Lott	Adams	
Address:	6903 Millhopper 1	<u>2d</u>	
	Gainesville, FL 32	2653	
ARTICLE VII The <u>name and</u>	INCORPORATOR address of the Incorporator is:		
Name:	Thomasenia Lott	Adams	
Address:	6903 Millhopper	Rd	
	Gainesville, FL3	2653	
Effective date,	L_EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific an	. (OPTIONAL.)	r or 90 days after the filing.)
	te inserted in this block does not meet the ap ective date on the Department of State's reco		nis date will not be listed as the
	amed as registered agent to accept service of familiar with and accept the appointment as		
Thom	Aseria Lott Adam Required Signature of Registered	is	
the Department	cument and affirm that the facts stated hereit of State constitutes a third degree felony as p	provided for in s.817.155, F.S.	rmation submitted in a document to
Thoma	rsenia Lott adams Required Signature of Incorp		10.06.2020 Date
	Required Signature of Incorp	porator	Date