

N 20000012354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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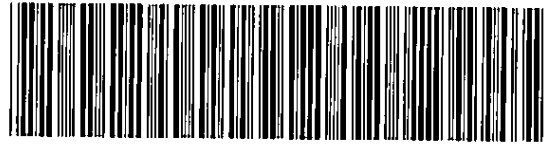
(Business Entity Name)

(Document Number)

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2020 NOV -4 AM 11:31

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2020 NOV -4 PM 12:13

## COVER LETTER

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

SUBJECT: Community First Support Foundation 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: Dr. Cynthia Matthews  
Name (Printed or typed)

P.O. Box 325  
Address

Fort McCoy, FL 32134  
City, State & Zip

352-843-4642  
Daytime Telephone number

dr.cynthia.matthews@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)

**ARTICLE I NAME**

The name of the corporation shall be: Community first Support Foundation inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

23021 NE 112<sup>th</sup> Ct. Rd  
Fort Mc Coy, FL 32134

Mailing address, if different is:

P.O. Box 325  
Fort Mc Coy, FL 32134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Community outreach, Build relationships and Raise funds for Education,  
Vocational advancements, and Mental Wellness in impoverished  
Communities.

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

According to the Bylaws of Voting Board Members

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

Name and Title: Dr. Cynthia Matthews <sup>P/D</sup>

Address: P.O. Box 325  
Fort Mc Coy, FL  
32134

Name and Title: Rachel Matthews <sup>Vice P/D</sup>

Address: P.O. Box 325  
Fort Mc Coy, FL  
32134

Name and Title: Dr. Joseph Grasso <sup>D</sup>

Address: P.O. Box 332  
Orange, Springs, FL  
32182

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

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

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

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

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

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

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NOV-4 PM 12:13  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FL

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: Dr. Cynthia Matthews

Address: 23021 NE 112<sup>th</sup> Court Rd  
Fort Mc Coy, FL 32134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Cynthia Matthews

Address: 23021 NE 112<sup>th</sup> Court Rd  
Fort Mc Coy, FL 32134

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/4/2020 (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

11/4/20  
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

11/4/20  
Date