

N200000012633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

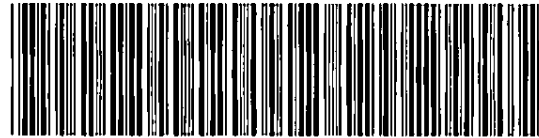
(Document Number)

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11/04/20--01004--001 **70.00

RECEIVED
2020 NOV -11 AM 9:26
TALLAHASSEE, FL

FILED
2020 NOV -9 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FL

N CULLIGAN

NOV 5 2020

COVER LETTER

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

SUBJECT: Fertile Ground Family Services, 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: Tifini D Austin
Name (Printed or typed)

6130 Trailwood Court
Address

Tallahassee, Florida 32311
City, State & Zip

850-284-4760
Daytime Telephone number

Oniwosan@gmail.com
E-mail address: (to be used for future annual report notification)

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



RECEIVED

2020 NOV -9 AM 10:12

FLORIDA DEPARTMENT OF STATE

Division of Corporations

November 5, 2020

TIFINI D AUSTIN
6130 TRAILWOOD COURT
TALLAHASSEE, FL 32311

SUBJECT: FERTILE GROUND FAMILY SERVICES, INC.
Ref. Number: W20000127641

We have received your document for FERTILE GROUND FAMILY SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

When naming Directors, 3 must be listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 420A00022161

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

FILED

ARTICLE I NAME

The name of the corporation shall be: Fertile Ground Family Services, Inc. 2020 NOV 9 AM 8:44

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is: TALLAHASSEE, FL
SECRETARY OF STATE

6130 Trailwood Court same as street address
Tallahassee, Florida 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to improve the physical, social, and psychological health of families by providing remote and in-person access and community solutions through outreach, public panel discussion groups, evidence-based education and wellness services in the areas of parenting, family sustainability, childhood development, and healthy life patterns.

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

as provided in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tifani D. Austin, Director Name and Title: Amanda Heynes, Director

Address: 6130 Trailwood Court Address: 808 Goodbread Lane
Tallahassee, Florida 32311 Tallahassee, Florida 32303

Name and Title: Kimberley Homan, Secretary Name and Title: Edward Dorman, Treasurer

Address: 3210 Tanager Court Address: 714 Lorraine Street
Tallahassee, Florida 32308 Jackson, Mississippi 39202

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: Tifini D Austin

Address: 6130 Trailwood Court

Tallahassee, Florida 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tifini D. Austin

Address: 6130 Trailwood Court

Tallahassee, Florida 32311

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 01, 2021 (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

Tifini D. Austin

Required Signature of Registered Agent

11/04/20
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.

Tifini D. Austin

Required Signature of Incorporator

11/04/20
Date

FILED

2020 NOV -9 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FL