

N2100000 8590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

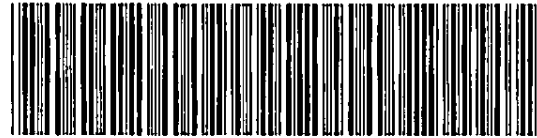
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W210000065886

Address

Office Use Only



600362874356

04/05/21--91045--002 ++79.75

2021 JUL 16 11:10:04

FBI

JH

COVER LETTER

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

FILED
2021 JUL 16 AM 10:04

SUBJECT: Sawdust Community Outreach, 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: Avis P. Woods

Name (Printed or typed)

719 Strom Road

Address

Quincy, Florida 32351

City, State & Zip

850-445-0859

Daytime Telephone number

familywoods@ymail.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: Sawdust Community Outreach, Inc.

F 1 - 11

ARTICLE II PRINCIPAL OFFICE

2021 JUL 16 AM 10:04

Principal street address:

Mailing address, if different is:

Avis Woods

719 Strom Road

Quincy, Florida 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To become active within the community by (a) fighting drugs and crimes, (b) create after school and activity programs. (c) develop recreations programs, (d) construct a community center.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Avis P. Woods, President

Name and Title: _____

Address 719 Strom Road

Address: _____

Quincy, Florida 32351

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: Avis P. Woods

Address: 719 Strom Road

Quincy, Florida

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wayne C. Williams

Address: 761 Strom Road

Quincy, Florida 32351

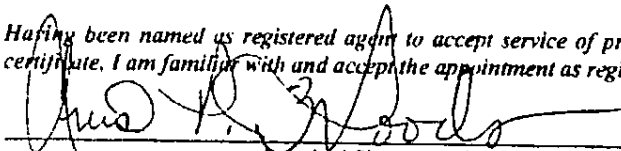
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature of Registered Agent

07/15/2021

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

07/15/2021

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2021

AVIS P. WOODS
719 STROM RD
QUINCY, FL 32351

SUBJECT: SAWDUST COMMUNITY OUTREACH, INC.
Ref. Number: W21000065886

We have received your document for SAWDUST COMMUNITY OUTREACH, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide complete addresses for Articles II, V & VII

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.

James G Harris
Regulatory Specialist II

Letter Number: 121A00010042

2021 JUN 10 AM 10:30
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE