

N21000013129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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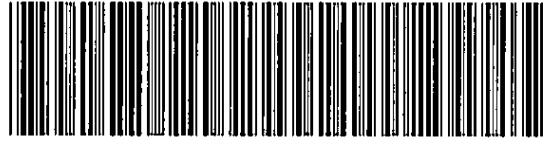
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2021 NOV 16 PM 3:01

2021 NOV 16 PM 3:15

STATE

FILED

COVER LETTER

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

SUBJECT: Tookes Family 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: Ronald McCoy
Name (Printed or typed)

3217 Wheatley Road
Address

Tallahassee FL 32305
City, State & Zip

407-314-4928
Daytime Telephone number

rmccoy@eyedope.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: Tookes Family Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

412 W. Virginia St.
Tallahassee, FL 32301

Mailing address, if different is:

3217 Wheatley Rd.
Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of Tookes Family Inc. is to preserve the legacy of the historical contributions made by the family to the Tallahassee community. In particular, Dorothy Nash Tookes, the family matriarch, for her efforts in establishing the Tookes Hotel during the segregation era.

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

Nominated by directors and elected by majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald McCoy - Pres.

Address: 3217 Wheatley Rd.
Tallahassee, FL 32305

Name and Title: Bonita Shelton D

Address: 19070 Roseland Ct.
Lathrup Village, WA 98076

Name and Title: Gerald Tookes D

Address: 3245 Starhope Dr.
Tallahassee, FL 32311

Name and Title: James McCoy D

Address: 9121 S. Crandon Ave.
Chicago, IL 60617

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: Ronald McCoy
Address: 3217 Wheatley Rd.
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Ronald McCoy
Address: 3217 Wheatley Rd.
Tallahassee, FL 32305

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

Ronald McCoy
Required Signature of Registered Agent

11/16/21
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.

Ronald McCoy
Required Signature of Incorporator

11/16/21
Date