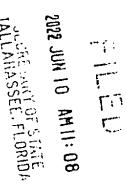
## N2200000 7252

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
<del>.</del>	Office Use Or	



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## **COVER LETTER**

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

FROM:

(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
nd one (1) copy of the Ar	ticles of Incorporation and	a check for:
☐ \$78.75 Filing Fee & Certificate of	■\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy
Status	ADDITIONAL CO	& Certificate
ſ	nd one (1) copy of the Ar □ \$78.75 Filing Fee &	Filing Fee & Filing Fee & Certificate of & Certified Copy Status

2744 E COMMERCIAL BLVD

FORT LAUDERDALE, FL 33308

954-545-3605

AFX CHARITABLE FOUNDATION, INC.

Daytime Telephone number

markjlabate@gmail.com

E-mail address: (to be used for future annual report notification)

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

Name (Printed or typed)

City, State & Zip

## ARTICLES OF INCORPORATION

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

ARTICLE I The name of the	NAME ne corporation shall be:	AFX CHAR	ITABLE FOUNDATION.	, INC.
<u>ARTICLE II</u>	PRINCIPAL OFFICE			
	Principal street address:		Mailing add	dress, it different is:
5755	5 TANASI COURT, LAKELAND.	FL 33812	NOT DIFFERENT	2022 JUN SECALINA
				SSEE 10
	or which the corporation is organize		<u>-</u>	nal purposes including the making of
or the corresp	onding section of any future federa	I tax code, which p	romote the health, education	on, and general well-being of the unde
privileged chi	ildren of Florida, including, but not	limited to, assistan	ce to single-parent homes.	
Upon the diss	solution of the organization, assets s	hall be distributed	for one or more exempt pu	rposes within the meaning of
Section 501(c	e)(3), of the Internal Revenue Code.	or corresponding s	ection of any future federa	al tax code, or shall be distributed to
the federal go	vernment, or to a state or local gove	ernment, for a publ	ic purpose. Any such asset	s not disposed of shall be shall be dis
ARTICLE IV	ourt of competent jurisdiction in th  MANNER OF ELECTION—[1] for in the By-Laws.  INITIAL OFFICERS AND/OR	he manner in which		
Name and Titl	le: GREGORY G. ANDERSON, D	ir. Name a	nd Title: <u>JEFFREY SUSS</u>	MAN
Address	5755 Tanasi Court, Lakeland, FI	. 33812 Addres	s: 5755 Tanasi Cou	art, Lakeland, FL 33812
Name and Titl	e: Scott McKibben	Name a	nd Title:Andrew Soler	
Address	5755 Tanasi Court, Lakeland, FL	33812 Address	5755 Tanasi Cou	rt. Lakeland, FL 33812
Name and Titl	e: Coleen McPherson	Name a	nd Title: Regina Hill	
Address	5755 Tanasi Court, Lakeland, FL	33812 Address	5755 Tanasi Cou	rt, Lakeland, FL 33812
		<del></del>	<del></del>	

<sup>\*</sup>exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Name and Tit	le: Betty Arapostathis	Name and Title:	
Address	5755 Tanasi Court, Lakeland, FL 33812	Address:	
Name and Tit	tle:	Name and Title:	
Address		Address:	
	I REGISTERED AGENT	<b>~~~~~?</b>	
The <u>name an</u>	d Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:	۱. کم
Name:	MARK J LABATE, ESQ		ا ا 
Address:	2744 E COMMERCIAL BLVD	PRE JUH 10 AM 11: 09  TALLAHASSEE, FLORIDA	
	FT LAUDERDALE, FL 33308		ロブ
, DTLCL P. L	H WCORDOD TOD	LORAL TALL	
	II INCORPORATOR d address of the Incorporator is:	100 miles	
Name:	GREGORY G ANDERSON		
Address:	5755 Tanasi Court, Lakeland, FL 33	3812	
OTICLEU			
Effective date	III EFFECTIVE DATE: e. if other than the date of filing:	(OPTIONAL)	
(If an effecti	ve date is listed, the date must be specific a	nd cannot be more than five days prior or 90 days after the filing.)	
	date inserted in this block does not meet the a ffective date on the Department of State's rec	pplicable statutory filing requirements, this date will not be listed as the cords.	
Having been certificate, I d	im familiar with and accept the appointment o	of process for the above stated corporation at the place designated in is registered agent and agree to act in this capacity	thi
	Reggired Signature of Registered	1 Agent Date	
	Required Signature of Registered	1 Agent Date	
	document and affirm that the facts stated here ent of State constitutes a third degree felony as	in are true. I am aware that any false information submitted in a docume provided for in \$ 817 155 F.S.	nt t
ine isepari <b>ne</b>	Al-l-		
CRECORY	i. ANDERSON Required Signature of Inco	Tune 2, 2022 Date	
O INDUAND	AND ENGON Tradamed in guarante of men	- Processing	