

N 220000/3219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

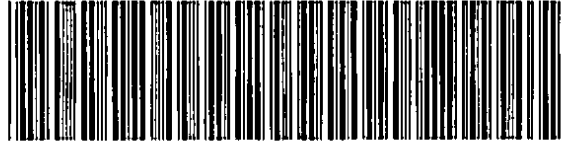
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500397487495

11/15/22--11:07--11:12 AM '22

FILED

22 NOV 15 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: PATRICIA A. BURNS CHARITIES, 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: BURRELL BURNS
Name (Printed or typed)

SS-4605 CHOCTAW STREET
Address

LAKE MARY, FLORIDA. 32746
City, State & Zip

(407) 912-7159
Daytime Telephone number

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

FILED
22 NOV 15 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Patricia A. Burns Charities, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

605 Chocktaw Street

Lake Mary Florida, 32746

Mailing address, if different is:

same as principal office

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Patricia A. Burns Charities is organized exclusively for charitable, religious,
educational, and scientific purposes, including , for such purposes, the making of distributions to organizations that qualify as
exempt organizations described under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future
federal tax code. Patricia A. Burns Charities mission is to educate and serve disenfranchised individuals who are in need due to
social, economic and health disparities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As provided for
in the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Burrell Burns, President

Address: 605 Chocktaw Street

Lake Mary, Florida 32746

Name and Title: _____

Address: _____

Name and Title: Patricia E Lewis, Vice President

Address: 605 Chocktaw Street

Lake Mary, Florida 32746

Name and Title: _____

Address: _____

Name and Title: Peggy Lou Burns

Address: 4826 Peninsula Garden Way

Humble Texas 77396

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 NOV 15 AM 8:12

FILED

ADD Article IX to read as follows:

Dissolution of the Corporation

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

FILED

22 NOV 15 AM 8:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Burrell Burns

Address: 605 Chocktaw Street

Lake Mary, Florida 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Burrell Burns

Address: 605 Chocktaw Street

Lake Mary Florida 32746

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

Burrell Burns

Required Signature of Registered Agent

11-06-22

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.

Burrell Burns

Required Signature of Incorporator

11-06-22

Date

FILED
22 NOV 15 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA