



**COVER LETTER**

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

**SUBJECT:** RED Foundation USA 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:** Henderson Griffith  
\_\_\_\_\_  
Name (Printed or typed)  
  
12837 White Bluff Rd.  
\_\_\_\_\_  
Address  
  
Hudson, FL 34669  
\_\_\_\_\_  
City, State & Zip  
  
(727) 510-3999  
\_\_\_\_\_  
Daytime Telephone number  
  
hgriffit@live.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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**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: RED Foundation USA Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
12837 White Bluff Rd.

Hudson

FL 34669

Mailing address, if different is:

P.O. Box 5189

Hudson

FL 34674

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To support efforts to help relieve poverty of under privileged persons of persons in need. support the advancement of education of children in need; and to assist in the provision of social welfare services of those in need.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Elected every two yrs

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Henderson Griffith, President

Address: 12837 White Bluff Rd.  
Hudson  
Fl. 34669

Name and Title: Donald Leacock, Treasurer

Address: 75 Coral Drive, Atlantic Shores  
Christchurch  
Barbados BB17127

Name and Title: Alvin Jemmott, Vice President

Address: 314 11th Ave West Terrace  
St. James  
Barbados BB23018

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Jennifer Hinksin, Secretary

Address: 32 Thorpes Terrace  
St. James  
Barbados BB23007

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: Henderson Griffith  
Address: 12837 White Bluff Rd.  
Hudson, FL 34669

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Henderson Griffith  
Address: 12837 White Bluff Rd.  
Hudson, FL 34669

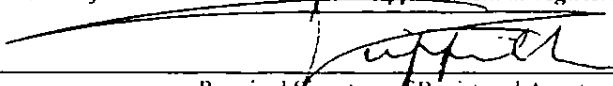
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/01/2023. (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*

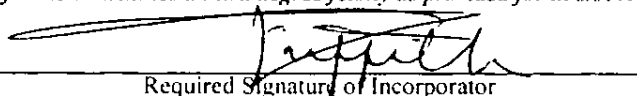


Required Signature of Registered Agent

12/16/2022

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

12/16/2022

Date

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