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<u>:</u>

COVER LETTER

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

SUBJECT:	GALLON	-HANKINS	FAMILY	REUNFON	INC
-		PROPOSED CORPOR	RATE NAME - MU	IST INCLUDE SUF	FIX)

enciosed is an original and	a one (1) copy of the At	ticles of incorporatio	if and a check for .
			-/202.50

☐ \$70.00 ☐ \$78.75 ☐ \$78.75 ☐ \$87.50

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FROM: Edd; E GALLON, JR.
Name (Printed or typed)

2996 BARON LANE

950-567-6002.
Daytime Telephone number

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)

The name of the corporation shall be:	-HANKING FAMILY REUNFON I	NCOR POBITE
ARTICLE II PRINCIPAL OFFICE	, , , , , = ===========================	, .,
Principal <u>street</u> address: 2996 BARON LA	Mailing address, if different is:	
TALLAHASSEE, FLY	4 32305	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	TO RECEIVE FUNDS FOR	23 23
EXPENSES FOR T	THE GALLON-HITNKING	SECH ISION
-FAMILY RELLIER	NACTIVITIES	26 26
		PH PHEE
		* 85
		- 0 2 2
		<u> </u>
A-PPOINTEL BY CALL ARTICLE V INITIAL OFFICERS AND/OR DIRECT		MEMOLING
Address 2996 PAREN LANE		=
TAUAHAGGEE, FLA		-
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:	
		. D
	JA	SEC! IVISIO
The name and Florida stre	et address (P.O. Box NOT acceptable) of the registered agent is:	NUTARI NOF OX
Name: Edd	JE GALLON, JR.	300
	96 BARDIN LANE	
7,0	LIHMSEE FLA 32505	
The name and address of	he Incorporator is:	
Name: Ede	LIE GALLON, JR.	
	996 BARON LANE	
	FLAHHESEE, FLA 32305	
Effective date, if other that (If an effective date is list	TIVE DATE: of the date of filing: 124/2023 (OPTIONAL) ed, the date must be specific and cannot be more than five days prior or 90 days after the fil	ling.)
Note: If the date inserted document's effective date	in this block does not meet the applicable statutory filing requirements, this date will not be listed on the Department of State's records.	as the
Having been named as receptificate, I am familiar w	gistered agent to accept service of process for the above stated corporation at the place designation and accept the appointment as registered agent and agree to act in this capacity	
I submit this document an	Required Signature of Registered Agent I affirm that the facts stated herein are true. I am aware that any false information submitted in a d institutes a third degree felony as provided for in s.817.155, F.S.	
	As allow JA: 1/24/20 Required Signature of Incorporator Vate	23