

N23000003859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

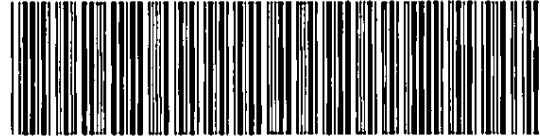
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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S. CHATHAM
APR - 1 2023

SECURITY
TALL HASSEE

2023 APR - 7 PM 4:44

FILED

04/10/23--01001--0114--\$7.50

ALL HASSEE, LLC

2023 APR - 7 PM 4:27

RECEIVED

COVER LETTER

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

SUBJECT: Chavoy FOUNDATION 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: Chavoy Reid
Name (Printed or typed)

9115 ANN BECCAS CT
Address

PANAMA CITY BEACH
City, State & Zip

501-331-9386
Daytime Telephone number

Chavoy-reid@yahoo.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: Charvey Reid Foundation INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

8115 ANNA BECCAS CT
PANAMA CITY BEACH
FL 32407
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FUND RAISING Event
for CANCER Patient, Trish Spencer.
To help pay for ~~the~~ chemo therapy and
personal bills.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

owner
Name and Title: Charvey Reid President Name and Title: _____

Address: 8115 ANNA BECCAS Address: _____
PANAMA CITY BEACH
FL 32407

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2023 APR -7 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FL

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: Charvy Reid

Address: 8115 ANNA BELLOS CT
PANAMA CITY BEACH
FL 32407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charvy Reid

Address: 8115 ANNA BELLOS CT
PANAMA CITY BEACH
FL 32407

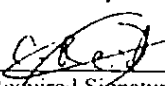
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/07/23 (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

04/07/23
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

04/07/23
Date

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SECRETARY OF STATE
TALLAHASSEE, FL