

N240000 4539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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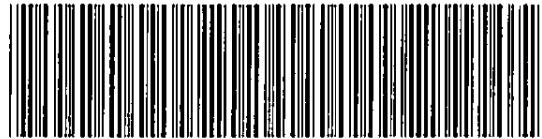
(Business Entity Name)

(Document Number)

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2024 APR 15 PM 3:11 2024 APR 15 PM 3:11
SECRETARY OF STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Flatwoods Foundation Incorporated
(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: Joshua Fayle
Name (Printed or typed)

10952 NW HWY 320
Address

Micanopy, FL 32667
City, State & Zip

850 370 0696
Daytime Telephone number

info@flatwoodsfoundation.org
E-mail address: (to be used for future annual report notification)

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

FILED
APR 15 2015
TALLAHASSEE, FL
STATE OF FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: Flatwoods Foundation Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

10952 NW HWY 320
Micanopy FL 32667

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To educate and provide
the necessary materials and funds that will
enhance and preserve the flatwoods and other
lands associated with The State of Florida

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: At the
discretion of the founder or an appointed representative.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Veronica Parsby T Name and Title: _____

Address: 10952 NW HWY 320 Address: _____

Micanopy FL 32667

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
APR 15 2011
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF ALACHUA

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: Joshua Fayle

Address: 10952 NW HWY 320

Micanopy FL 32667

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joshua Fayle

Address: 10952 NW HWY 320

Micanopy FL 32667

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

[Signature]
Required Signature of Registered Agent

April 15, 2024
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.

[Signature]
Required Signature of Incorporator

April 15, 2024
Date

FILED
APR 15 2024
CLERK OF THE
SOLICITOR GENERAL'S
OFFICE