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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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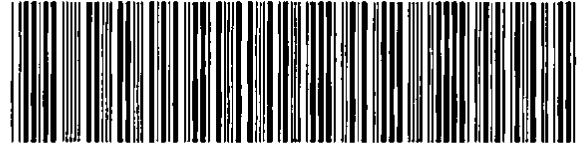
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE

# COVER LETTER

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

Safe Spaces of Tampa Bay, Inc.

**SUBJECT:** \_\_\_\_\_  
(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**

Dr. Emery Ailes, III, Paralegal

**FROM:** \_\_\_\_\_  
Name (Printed or typed)

PO Box 15748 Aviation Loop

\_\_\_\_\_  
Address

Brooksville, Florida 34604

\_\_\_\_\_  
City, State & Zip

718-877-7344

\_\_\_\_\_  
Daytime Telephone number

emeryailes@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

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## **ARTICLES OF INCORPORATION**

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

### **Article I NAME**

**Safe Spaces of Tampa Bay, Inc.**

### **Article II Principle Office:**

9040 Southern Charm Circle  
Brooksville, Fl 34608

### **Article III Purpose**

The purpose of creating a **Safe Spaces of Tampa Bay, Inc.** is to foster a sense of inclusivity, openness, and support, particularly in contexts where people with disabilities may face discrimination, bias, or emotional challenges.

### **Article IV MANNER OF ELECTION**

The original officers/director are appointed by voluntary response to the greater Tampa Bay community.

### **Article V INITIAL OFFICERS AND/OR DIRECTORS**

Demetria Clemetson – Director  
9040 Southern Charm Circle  
Brooksville, Fl 34608

Janice Richardson - Director  
14117 Arbor Pines Dr  
Riverview, Fl. 33579

Adria Cameron - Director  
14117 Arbor Pines Dr  
Riverview, Fl. 33579

### **Article VI DISSOLUTION**

In the event of dissolution, all of the remaining assets and property of the corporation shall, after necessary expenses thereof, be distributed to such organization of like minds as shall be designated by the Board of this organization, provided the designated organization shall qualify under §501(c)(3) of the Internal Revenue Code of 1986, as directed by a Justice of the Supreme Court of Florida.

### **Article VII REGISTERED AGENT:**

The Name and Florida Street address of the registered agent:  
Demetria Clemetson – Founder/President  
9040 Southern Charm Circle  
Brooksville, Fl 34608

Signed:



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CLERK OF COURT  
STATE OF FLORIDA

**Article VIII INCORPORATOR/Paralegal**

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

Name: Dr. Emery Ailes, Paralegal

Ailes Paralegal and Consultation

PO Box 15748 Aviation Loop

Brooksville Florida 34604

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: *Demetria Clementson*

I submit this document and affirm that the facts stated herein are true. As a certified paralegal 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: *Demetria Clementson*

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