

N240000006301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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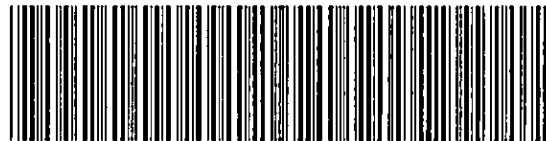
(Business Entity Name)

(Document Number)

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

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2024 MAY 31 AM 9:47

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## COVER LETTER

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

SUBJECT: BLESSED GIVINGS 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: Robert Strong  
Name (Printed or typed)

1925 Monday Court  
Address

TALLAHASSEE, FLORIDA 32301  
City, State & Zip

850-688-7497  
Daytime Telephone number

rcstrong@hotmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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: BLESSED givings, Inc

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1925 Monday Ct.  
Tallahassee, FL 32301

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To distribute and give food,  
clothing, and general help to the needy and homeless.  
Reaching out to the smaller towns and communities  
that do not have access to the larger city food pantries  
and church food banks.  
Minor maintenance of wood structures, home and  
yard for elderly and disabled.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: \_\_\_\_\_

Elected

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

(CEO)

Name and Title: Robert Strong

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

Address: 1795 Monday Ct

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

Tallahassee, FL 32301

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

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

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

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

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

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

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

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

TALLAHASSEE, FL

2024 MAY 31 AM 9:47

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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: Robert Strong

Address: 1795 Monday Ct

TALLAHASSEE, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert Strong

Address: 1795 Monday Ct

TALLAHASSEE, FL 32301

**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:

Robert Strong  
Required Signature of Registered Agent

5-30-2024  
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.

Robert Strong  
Required Signature of Incorporator

5-31-2024  
Date

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