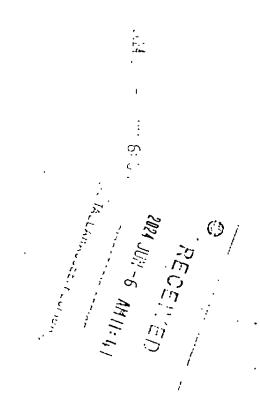
## N24000006644

(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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## **COVER LETTER**

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

SUBJECT:	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )				
Enclosed is an original a	and one $(1)$ copy of the $\Lambda$ rti	cles of Incorporation and	a check for:		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	■\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate		
			<u> </u>		
FROM:	DR VANESSA L WILLIAMS, PRESIDENT				
FROM.	Name (Printed or typed)				
	POST OFFICE BOX 6985				
	Address				
	TALLAHASSEE, FLORIDA 32314				
	City, State & Zip				
	(850) 508 9641				
	Daytime Telephone number				
	greaterbondneighborhood2@gmail.com				

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

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

## ARTICLES OF INCORPORATION

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

The name of (	the corporation shall be: GREATER BOND N	EIGHBORHOOI	O ASSOCIATION, INC	
<u>ARTICLE II</u>				
Principal <u>street</u> address: 2114 Saxon Street  Tallahassee, Florida 32310		Post	Mailing address, if different is: Post Office Box 6985	
		Tallahassee, Florida 32314		
opportunities	s to residents, landowners, entrepreneurs, and o	other interested p	zed framework to promote, preserve ans enhance the qua arties through education about neighborhood and commu	
affairs and lo	ocal topics of immediate interest, elevating and	I promoting the in	mage of the neighborhood, creating a safe living environment	
the neighbor	hood to become involved in community affairs	s, having an effec	tive unified voice to address issues that impact the neighb	
Conducting	social activities tat create a greater sense of ne	ighborhood pride	e, enhancing property values, promoting a sense of pride a	
residents, est	ablishing a direct line of communication with	members of Grea	ater Bond Neighborhood and other community agencies.	
on available	funding, loans, and programs designed for the	betterment and i	mprovement of older neighborhoods. Establishing relation	
ARTICLE IV			ectors are elected and appointed:	
Name and Ti	Dr Vanessa I. Williams, President	Name and Title	Ms Ruby Brown, Financial Secretary	
Address	Post Office Box 6985 Tallahassee, Florida		1710 Perry Street	
	(850) 508-9641		Tallahassee, Florida 32310	
		•	(850) 597-9971	
Name and Ti	Dr Donna Cottrell, Vice President	Name and Title		
_	703 Osceola Street	Address:		
rudress	Tallahassee, Florida 32310	, riddress.		
	(774) 240-0690	•		
Name and Ti	tle: Mrs Veronica Ash, Secretary	Name and Title	:	
Address	811 Palm Beach Street	Address:		
	Tallahassee, Florida 32310			
	(850) 509-9856	•		

Name and Title	Dr Geraldene Harris, Chaplain	Name and Title:
Address	2253 Keith Street	
	Tallahassee, Florida	
	(850) 322-0089a	
Name and Title	Mrs Vivian Peterson Chambliss, Treasurer	Name and Title:
Address	1401 Disston Street	
ridai ess	Tallahassee, Florida, 32310	
	(850) 508-9641	
	REGISTERED AGENT Florida street address (P.O. Box NOT accept Dr Vanessa L Williams, President	otable) of the registered agent is:
Address:	2114 Saxon Street	
radicss.	Tallahassee, Florida 32310	
Name: Address:	Dr Vanessa L Williams, President Post Office Box 6985	
Address.	Tallahassee, Florida 32310	
Effective date,	I _EFFECTIVE DATE: if other than the date of liling: date is listed, the date must be specific an	. (OPTIONAL) ad cannot be more than five days prior or 90 days after the filing.)
document's eff  Having been n	ective date on the Department of State's reconstructed as registered agent to accept service	oplicable statutory filing requirements, this date will not be listed as the ords.  of process for the above stated corporation at the place designated in this is registered agent and agree to act in this capacity
<u> </u>	Required Signature of Registered	Agent Date
	cument and affirm that the facts stated herei t of State constitutes a third degree/felony as	n are true. I am aware that any false information submitted in a document to provided for in s.817.155, F.S.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Required Signature of Incor	porator Date
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