

N24000012782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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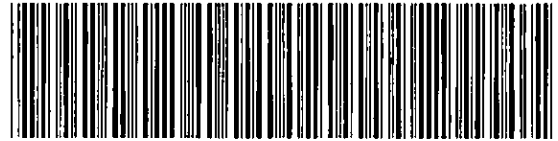
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Central Agape 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: Noah C. McKinnon, Jr., Esquire

Name (Printed or typed)

595 W. Granada Blvd., Suite A

Address

Ormond Beach, FL 32174

City, State & Zip

(386) 677-3431

Daytime Telephone number

davidrsmith1952@gmail.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: Central Agape Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
126 Hollow Branch Crossing

Ormond Beach, FL 32174

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized to foster and support charitable and benevolent causes for the benefit of mankind and any other purpose authorized by Chapter 617, Florida Statutes, and Section 501(c)(3) of the Internal Revenue Code. Upon dissolution any assets shall be distributed to other exempt purposes under Section 501(c)(3).

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David R. Smith, President

Address: 126 Hollow Branch Crossing
Ormond Beach, FL 32174

Name and Title: J. Martin Petty, Secretary

Address: 100 Laurel Valley Court
Daytona Beach, FL 32114

Name and Title: Sonny Gallman

Address: 83 Sanchez Avenue
Ormond Beach, FL 32174

Name and Title: James Scott

Address: 5459 Red Tail
Port Orange, FL 32128

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

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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: Abraham C. McKinnon, Esquire

Address: 595 W. Granada Blvd., Suite A

Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David R. Smith

Address: 126 Hollow Branch Crossing

Ormond Beach, FL 32174

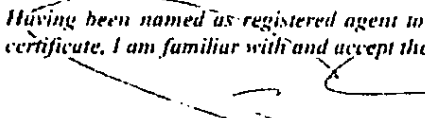
ARTICLE VIII EFFECTIVE DATE:

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.



Required Signature of Registered Agent

10/23/24

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

10/23/24

Date

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