

PO4000087307

(Requestor's Name)

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04 JUN -4 AM 10:36

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2004 JUN -4 AM 10:52

DEPT. OF STATE
TALLAHASSEE, FLORIDA

156 6/4/04

TRANSMITTAL LETTER

FILED

2004 JUN -4 AM 10: 52

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: CMS Foundation Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: CMS Foundation Po Chiquita Williams
Name (Printed or typed)

9345 Shumard Dr.
Address

Tallahassee, FL 32305
City, State & Zip

(850) 421-1282 / (850) 321-9579
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

CMS FOUNDATION, INC

ARTICLE II PRINCIPAL OFFICE

6595 DAMON CIRCLE
TALLAHASSEE, FLORIDA 32304

ARTICLE III PURPOSE

CMS Foundation mission is to preserve, improve and increase affordable housing or low and moderate-income individuals and families, as well as assist communities with housing revitalization (repairing purchased homes). CMS will provide technical & loan assistance to individuals to assist in the qualifying for affordable housing via rental or purchasing. These loans cover expenses such as architectural fees, surveys, environmental and soil testing, land costs, consultants, etc., as well as home equity loans.

ARTICLE IV SHARES

100

MELINDA GAYMON 50%
CHIQUITA WILLIAMS 50%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

MELINDA GAYMON
6595 DAMON CIRCLE
TALLAHASSEE, FLORIDA 32304
PRESIDENT & TREASURE

CHIQUITA WILLIAMS
9345 SHUMARD DRIVE
TALLAHASSEE, FLORIDA 32305
VICE-PRESIDENT & SECRETARY

ARTICLE VI REGISTERED AGENT

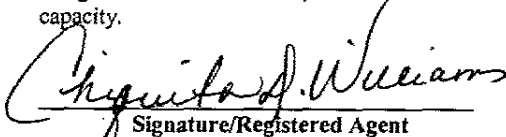
CHIQUITA WILLIAMS
9345 SHUMARD DRIVE
TALLAHASSEE, FLORIDA 32305
TELEPHONE NUMBER: (850) 321-9579 FAX: (850) 421-8587

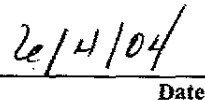
ARTICLE VII INCORPORATOR

MELINDA GAYMON

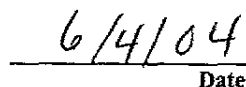
6595 Damon Circle
Tallahassee, Florida 32305

.....
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/Registered Agent


Date


Signature/Incorporator


Date