

PO5080105468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

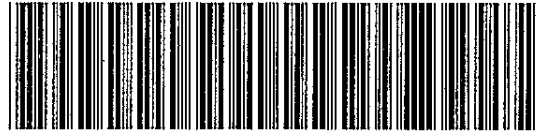
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/26/05--01022--004 **78.75

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7-26

TRANSMITTAL LETTER

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

SUBJECT: Operation Raven Funding 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: Mrs. Geni Doyle

Name (Printed or typed)

P O Box 46351

Address

Tampa, FL 33647

City, State & Zip

813-760-0898

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

The name of the corporation shall be:

Operation Raven Funding Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Place of Business: 3738 River International Drive, Tampa, FL 33610

Mailing Address: P O Box 46351, Tampa, FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Community Outreach

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mrs. Geni Doyle
President
32405 Laurel Court
San Antonio, FL 33576

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mrs. Geni Doyle
32405 Laurel Court
San Antonio, FL 33576

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mrs. Geni Doyle
32405 Laurel Court
San Antonio, FL 33576

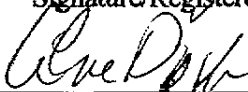
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

7/22/05

Date



Signature/Incorporator

7/22/05

Date

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2005 JUL 26 A 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA