

P06000039589

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02/23/06--01018--015 **0.75

02/13/06--01018--014 **78.00

06 MAR 17 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FL 32304

Wote-GBA
DIX

COVER LETTER

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

SUBJECT: Nettie Mae Berry 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: Tandra Lamikia Simmons

Name (Printed or typed)

113 Northeast 39th Place

Address

Gainesville, FL 32609

City, State & Zip

352-258-3450

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2006

TANDRA LAMIKIA SIMMONS
113 NORTHEAST 39TH PLACE
GAINESVILLE, FL 32609

SUBJECT: NETTIE MAE BERRY FOUNDATION INC.
Ref. Number: W06000011923

We have received your document for NETTIE MAE BERRY FOUNDATION INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 506A00016904

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:

Nettie Mae Berry Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

113 N.E. 39th Place
Gainesville, FL 32609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To give Medicaid Provider, FSL, and State serves to disable U.S. citizens, or mental retarded citizens

ARTICLE IV SHARES

The number of shares of stock is:

5 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tandra Lamikia Simmons
113 Northeast 39th Place
Gainesville, FL 32609
President(CEO)

ARTICLE VI REGISTERED AGENT

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

Tandra Simmons
113 N.E. 39th Place
Gainesville, FL 32609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tandra Simmons
113 N.E. 39th Place
Gainesville, FL 32609

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

Tandra Simmons 113 NE 39th Place
Gainesville, FL 32609
Signature/Registered Agent
Tandra Simmons 113 NE 39th Place
Gainesville, FL 32609
Signature/Incorporator

FILED
06 MAR 17 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

3/16/06
Date
3/16/06
Date