(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
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MAY 2 0 2015 S. GILBERT



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2015

MONICA GROSS 929 SADDLE CREEK RUN TALLAHASSEE, FL 32301

SUBJECT: 3EEE, LLC

Ref. Number: W15000033375

15 MAY 19 PM 2: 25

We have received your document for 3EEE, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected 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) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 015A00009875

## **COVER LETTER**

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

SUBJECT:	3EEE, INC.		•
	(PROPOSED CORP	ORATE NAME – <u>MUST INC</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Ar	ticles 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 CO	PY REQUIRED
FROM:	Tiffany S. Gardner	me (Printed or typed)	_
·	929 Saddle Creek Run		_
	Tallahassee FI 32301	Address	

404-989-3504

3eee.inc@gmail.com

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

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

City, State & Zip

Daytime Telephone number

## ARTICLES OF INCORPORATION

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

ARTICLE II	PRINCIPAL OFFICE		$\vec{q}$
929	Principal <u>street</u> address: Saddle Creek Run		Mailing address, if different is:
Tal	lahassee, FL 32301		15 MAY 19 ::: In: 31
			TALLAHASSEE. FLORIDA
	for which the corporation is organized i	S;	and anlighten. To target lawer income high school
the completi	on of college applications, resume writi	ng, and interview prepa	ration. We will provide scholarships, mentoring, and
tutoring as v	vell.		
,			
			,
4RTICLE []	V MANNER OF ELECTION The	manner in which the dire	ctors are elected and appointed:
As	stated in the Bylaws		ctors are elected and appointed:
As ARTICLE V	INITIAL OFFICERS AND/OR DIA  Dr. Tiffany S. Gardner/CEO		Lillie S. Gardner/Treasurer
ARTICLE V  Name and Ti	INITIAL OFFICERS AND/OR DIA  Dr. Tiffany S. Gardner/CEO	<u>RECTORS</u>	Lillie S. Gardner/Treasurer
ARTICLE V Name and Ti	INITIAL OFFICERS AND/OR DIA	<i>RECTORS</i> Name and Title	Lillie S. Gardner/Treasurer
As ARTICLE V Name and Ti Address	INITIAL OFFICERS AND/OR DID  Itle:  2828 Botany Place  Tallahassee, FL 32301  Tammy Peterson/Vice Chair	RECTORS  Name and Title Address:	Lillie S. Gardner/Treasurer  2828 Botany Place  Tallahassee, FL 32301
As  ARTICLE V  Name and Ti  Address  Name and Ti	INITIAL OFFICERS AND/OR DID  Itle:  2828 Botany Place  Tallahassee, FL 32301  Tammy Peterson/Vice Chair	RECTORS  Name and Title Address:  Name and Title	Lillie S. Gardner/Treasurer  2828 Botany Place  Tallahassee, FL 32301
As  ARTICLE V  Name and Ti  Address  Name and Ti	INITIAL OFFICERS AND/OR DID  Itle:  2828 Botany Place  Tallahassee, FL 32301  Tammy Peterson/Vice Chair	RECTORS  Name and Title Address:	Lillie S. Gardner/Treasurer  2828 Botany Place  Tallahassee, FL 32301  Monica Gross/Secretary
ARTICLE II As  ARTICLE V  Name and Ti  Address  Name and Ti	INITIAL OFFICERS AND/OR DID  Itle:  2828 Botany Place  Tallahassee, FL 32301  Tammy Peterson/Vice Chair  3382 Jim Lee Rd.	RECTORS  Name and Title Address:  Name and Title	Lillie S. Gardner/Treasurer  2828 Botany Place  Tallahassee, FL 32301  Monica Gross/Secretary  929 Saddle Creek Run
As  ARTICLE V  Name and Ti  Address  Name and Ti  Address	INITIAL OFFICERS AND/OR DID  Itle:  Dr. Tiffany S. Gardner/CEO  2828 Botany Place  Tallahassee, FL 32301  Tammy Peterson/Vice Chair  3382 Jim Lee Rd.  Apt. B	RECTORS  Name and Title Address:  Name and Title Address:	Lillie S. Gardner/Treasurer  2828 Botany Place  Tallahassee, FL 32301  Monica Gross/Secretary  929 Saddle Creek Run

Name and Title:		Name and Title:
Address 1	· · · · ·	Addrèss:
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Name and Title:		Name and Title:
Address _		Address:
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_		
	REGISTERED AGENT	
The <u>name and F</u>	lorida street address (P.O. Box NOT acco	ceptable) of the registered agent is:
Name:	Tammy Peterson	
Address:	3382 Jim Lee Road Apt. B	
	Tallahassee, FL 32301	·
	INCORPORATOR ddress of the Incorporator is:	
Name:	Dr. Tiffany S, Gardner	<del></del>
Address:	2828 Botany Place	<del></del>
	Tallahassee, FL 32301	<del></del>
Effective date, if		. (OPTIONAL) and cannot be more than five business days prior or 90 business days
	e inserted in this block does not meet the active date on the Department of State's rec	applicable statutory filing requirements, this date will not be listed as the ecords.
Having been na certificate, I am	med as registered agent to accept service familiar with and accept the appointment	ce of process for the above stated corporation at the place designated in this tas registered agent and agree to act in this capacity
	2	578-15
	Required Signature of Registere	ed Agent Date
I submit this doc to the Departme	cument and affirm that the facts stated he nt of State constitutes a third degree felon	erein are true. I am aware that any false information submitted in a document ny as provided for in s.817.155, F.S.
	Tiyany S. Gardre	5/8/15
	Required Signature of Inco	corporator Date

**v** 

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