

P17000076608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

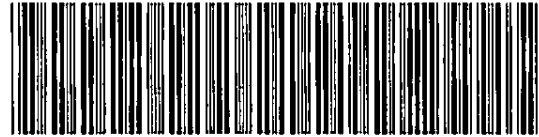
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/18/17--01002--026 **87.50

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2017 SEP 21 AM 9:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: GERT Center, Inc. EIN: 27-0912095
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: GERT Center, Inc. EIN: 27-0912095

Name (Printed or typed)

P.O. BOX 6784

Address

Brandon, Florida 33508

City, State & Zip

(813) 205-0079

Daytime Telephone number

ceo.ccarter@gertinc.org

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

ARTICLE I NAME

The name of the corporation shall be: GERT Center, Inc.

EIN: 27-0912095

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

138 E. Bloomingdale Ave

P.O. BOX 6784

Brandon, Florida 33508

Brandon, Florida 33511

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We, the undersigned, acting as incorporators of a corporation under the state of Florida hereby wish to associate ourselves as a "for-profit" corporation for the purpose of any and all lawful business including but not limited to mental health services, behavioral services and support services for all consumers regardless of their race, gender identity, religion, ethnic background or developmental disabilities.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charnell Benjamin-Carter, Officer

Name and Title: Myra L. Benjamin, Officer

Address: P.O. BOX 6784
Brandon, Florida 33508

Address: 3035 Minute Man Lane
Brandon Florida 33511

Name and Title: Dr. Roosevelt Johnson, Officer

Name and Title: Jimmi Johnson, Officer

Address: P.O. BOX 1818
Arcadia, Florida 34265

Address: P.O. BOX 3014
Arcadia, Florida 34265

Name and Title: Doris Dubose, Officer

Name and Title: _____

Address: 1124 Split Silk Street
Valrico, Florida 33594

Address: _____

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2017 SEP 21 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Charnell Benjamin-Carter
Address: 138 E. Bloomingdale Ave
Brandon, Florida 33511

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charnell Benjamin-Carter
Address: 138 E. Bloomingdale Ave
Brandon, Florida 33511

ARTICLE VIII EFFECTIVE DATE:

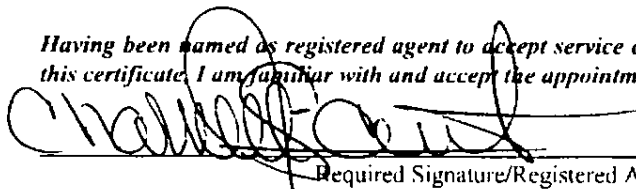
Effective date, if other than the date of filing: 09/11/2017

(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

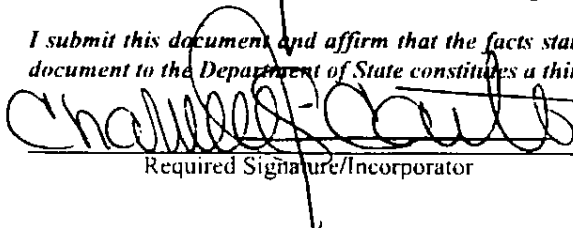


Required Signature/Registered Agent

09/16/2017

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

09/16/2017

Date

Kinsey, Catherine M.

P17000076608

From: CHARNELL BENJAMIN-CARTER <charnell.lifeshare@gmail.com>
Sent: Friday, September 22, 2017 8:36 AM
To: Kinsey, Catherine M.
Subject: Letter

To Whom It May Concern:

GERT Center, Inc. has no intentions on revoking the dissolution of GERT Center, Inc., N16000005991. GERT Center, Inc. is releasing the name to be used for a profit filing..

Charnell Benjamin-Carter, M.S.
Clinical Therapist
Office: (813) 205-0079
Email: charnell.lifeshare@gmail.com

"Real Life for Real People."

Independent Contractor Services for Lifeshare Management LLC
<http://www.lifeshareusa.com/>



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