P22000041025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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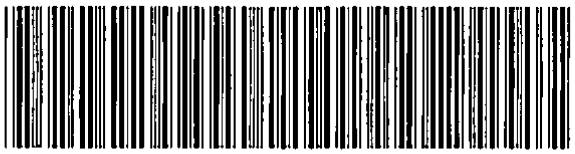
MAY 26 2022



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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Friends of Greg James for district 8 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: Gregory James
Name (Printed or typed)

1123 Abraham St.
Address

Tallahassee, FL 32304
City, State & Zip

850-815-0206
Daytime Telephone number

info@gregjamesfordistrict8.com
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: Friends of Greg James for district 8 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

4409 Blountstown Hwy
Tallahassee, Fl 32304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Campaign

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Al Smith Treasurer

Address 818 W. Brevard St.
Tallahassee, Fl. 32304

Name and Title: Gregory James / President

Address: 1123 Abraham St
Tallahassee, Fl 32304

Name and Title: LaVonda Steward / ~~Campaign Administrator~~ VP

Address 1402 Daniels St.
Tallahassee, Fl 32310

Name and Title:

Address:

Name and Title: Christie Henry / ~~Campaign Manager~~ - Director

Address 315 E. Lafayette St.
Suite A
Tallahassee, Fl 32301

Name and Title:

Address:

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: YuVonda Steward

Address: 1402 Daniels St
Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: YuVonda Steward

Address: 1402 Daniels St.
Tallahassee, FL 32310

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5-26-22 . (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

_____ 5-26-22

Required Signature/Registered Agent 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.

_____ 5-26-22

Required Signature/Incorporator Date