

N2200002714

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON
Account Number : I20060000135
Phone : (305)789-3200
Fax Number : (305)789-4137

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: andrew@grimsleycpa.com

FLORIDA PROFIT/NON PROFIT CORPORATION
4TLH INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
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2022/03/14 AM 10:00

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

ARTICLE I NAME

The name of the corporation shall be: 4TLH INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1400 Village Square Blvd.

Suite 3-140

Tallahassee, FL 32312

Mailing address, if different is:
1400 Village Square Blvd.

Suite 3-140

Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To educate the public concerning issues important to Florida voters; to increase voter registration and voter participation; and to take all such acts as permitted by law.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: the initial board
shall be appointed by the Chair and/or the Executive Board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Desloge, Co-Chair

Address: 1400 Village Square Blvd.

Suite 3-140

Tallahassee, FL 32312

Name and Title: George Grimsley, Treasurer

Address: 1400 Village Square Blvd.

Suite 3-140

Tallahassee, FL 32312

Name and Title: Lee Hinkle, Co-Chair

Address: 1400 Village Square Blvd.

Suite 3-140

Tallahassee, FL 32312

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2022 MAR 14 AM 10:00

Name and Title: _____ Name and Title: _____

Address: _____ 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: Glenn Burhans, Jr.
Address: 106 East College Ave., Suite 700
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Glenn Burhans, Jr.
Address: 106 East College Ave., Suite 700
Tallahassee, FL 32301

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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 of Registered Agent

3/14/22
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.


Required Signature of Incorporator

3/14/22
Date

FILED

2022 MAR 16 AM 10:00