

N14000004070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

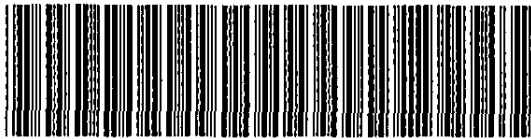
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SUPREMACY OF FILINGS

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

14 APR 28 AM 8:20

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AND
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4129

COVER LETTER

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

SUBJECT: Time For A Change 2, INC.
(PROPOSED CORPORATE NAME- MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Wallace Temple Jr.
Name (Printed or typed)

318 Lewis St
Address

Tallahassee, FL
City, State & Zip

850 570 4851
Daytime Telephone number

Wallace I Temple@gmail.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Time For a change 2, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3945 W. Pensacola
St 32304
Tallahassee, FL

Mailing address, if different is:

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STATE OF FLORIDA
SECRETARY OF STATE

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Providing services and support
for low income families in urban and rural
areas of Florida

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Voting groups

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO

Name and Title: Walker Tenck, Jr

Address: 318 Lewis St
Tallahassee, FL
32301

Address: _____

Name and Title: Admin Sec

Name and Title: Jillian D Thomas

Address: 318 Lewis St
Tallahassee, FL
32301

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

STATE OF FLORIDA
TALLAHASSEE

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ARTICLE VI REGISTERED AGENT

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

Name: Wallace Temple Jr

Address: 718 Lewis St

Tallahassee, FL

ARTICLE VII INCORPORATOR

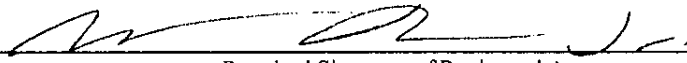
The name and address of the Incorporator is:

Name: Wallace Temple Jr

Address: 318 Lewis St

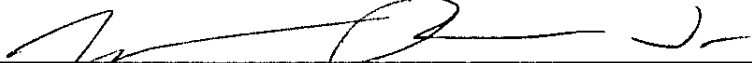
Tallahassee, FL

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

04-28-14
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 s.817.155, F.S.


Required Signature of Incorporator

04-28-14
Date