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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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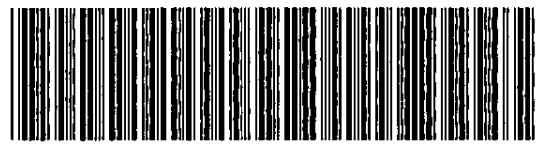
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: S.T.E.S. FOUNDATION, 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: NANA ANTWI BAAFI
Name (Printed or typed)

1125 KASIM STREET
Address

OPA LOCKA, FL 33054
City, State & Zip

786-301-9994
Daytime Telephone number

nanatwibaafi@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 S.T.E.S. FOUNDATION, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
1125 KASIM STREET _____
OPA LOCKA, FL 33054 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
THE S.T.E.S. FOUNDATION IS A GLOBAL YOUTH DEVELOPMENT & COMMUNITY OUTREACH PROGRAM.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
THE DIRECTORS SHALL BE ELECTED BY MAJORITY VOTE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: NANA ANTWI BAAFI/FOUNDER-CEO Name and Title: TRACY RAZZ-SECRETARY
Address: 1125 KASIM STREET Address: 3199 FOX CROFT ROAD
OPA LOCKA, FL 33054 APT. 313
MIRAMAR, FL 33025
Name and Title: PATRICIA OWSU-VP-TREASURER Name and Title: GARFIELD JOHNS-D
Address: 1 FAYVA COURT Address: 434 MAIN STREET
NEW YORK CITY, NY 10956 NEW ROCHELLE, NY 10801
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: NAN ANTWI BAAFI
Address: 1125 KASIM ST
OPA LOCKA, FL 33054

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: NANA ANTWI BAAFI
Address: 1125 KASIM ST
OPA LOCKA, FL 33054

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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

[Signature]
Required Signature of Registered Agent

1/22/15
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.

[Signature]
Required Signature of Incorporator

1/22/15
Date

Article VIII .

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article IX .

Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of the section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

In witness whereof, we have hereunto subscribed our names this 22 day
of January , 2015 .

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TALLAHASSEE FLORIDA