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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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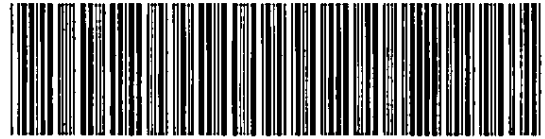
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE

MAR 28 2018

# COVER LETTER

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

**SUBJECT:** SAVING GRACE OUTREACH, 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:** LAWYER BROWN  
Name (Printed or typed)

10571 SW 174TH TERRACE  
Address

MIAMI, FL 33157  
City, State & Zip

786-320-4206  
Daytime Telephone number

brownjahenterprises@yahoo.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: Saving Grace Outreach, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
10571 SW 174th Terrace

Miami, FL 33157

Mailing address, if different is:  
19351 SW 118th Court

Miami, FL 33177

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation is organized and operated for charitable, religious educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or corresponding sections of any future tax code(s). Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding sections of any future tax code(s) or shall be distributed to the federal government, or to state or local government for a public purpose.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Directors are nominated and a majority vote required of members present at the annual election meeting.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lawyer Brown, CEO

Address: 10571 SW 174th Terrace  
Miami, FL 33157

Name and Title: Kimberly Davis, President

Address: 10571 SW 174th Terrace  
Miami, FL 33157

Name and Title: Shawaynia Reed, Secretary

Address: 10571 SW 174th Terrace  
Miami, FL 33157

Name and Title: Kenneth Riley, VP, Treasurer

Address: 10571 SW 174th Terrace  
Miami, FL 33157

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

STATE OF FLORIDA  
TALLAHASSEE  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

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: Lawyer Brown  
Address: 19351 SW 118th Court  
Miami, FL 33177

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TALLAHASSEE, FLORIDA  
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lawyer Brown  
Address: 19351 SW 118th Court  
Miami, FL 33177

**ARTICLE VIII EFFECTIVE DATE:** 03/13/2018

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 business days prior or 90 business 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*

Lawyer Brown  
Required Signature of Registered Agent

3/13/18  
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.*

Lawyer Brown  
Required Signature of Incorporator

3/13/18  
Date