N19000006730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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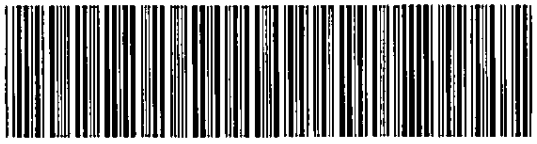
JUL 03 2019



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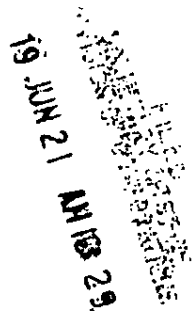

COVER LETTER

19 JUN 21 AM 8:29

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

SUBJECT: reYOUvenate Beauty 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: MeKala Wilks
Name (Printed or typed)

2910 Douglass Ave
Address

Crestview FL 32539
City, State & Zip

850-612-7499
Daytime Telephone number

mekalawilks@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: reYOUvenate Beauty Outreach, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
2910 Douglass Ave
Crestview FL 32539

Mailing address, if different is:
same

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all nonprofit business. Specifically providing free hair wash, hair trims, facials, toiletries & beauty products to homeless in our local community.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
elected at annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MeKala Wilks, Pres
Address 2910 Douglass Ave
Crestview FL
32539

Name and Title: Latavious Wilks
Address Vice Pres
2910 Douglass Ave
Crestview FL 32539

Name and Title: Thomas Walker
Address Sec / Treas
8939 South Keystone
Hereford, AZ 85615

Name and Title:
Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

19 JUN 21 AM 8

ARTICLE VI REGISTERED AGENT

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

Name: MeKala Wilks

Address: 2910 Douglass Ave
Crestview, FL 32539

ARTICLE VII INCORPORATOR

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

Name: MeKala Wilks

Address: 2910 Douglass Ave
Crestview FL 32539

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

MeKala Wilks
Required Signature of Registered Agent

6/17/19
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.

MeKala Wilks
Required Signature of Incorporator

6/17/19
Date