

COVER LETTER

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

SUBJECT: Coop Give 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: David Rosen
Name (Printed or typed)

3458 Lakeshore Drive
Address

Tallahassee FL 32312
City, State & Zip

647-885-0426
Daytime Telephone number

dr@davidtrosen.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: Coop Give Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3458 Lakeshore Drive

Mailing address, if different is:

Tallahassee FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized exclusively for charitable purposes within the meaning of the Internal Revenue Code Section 501(c)(3), namely: to provide relief for the poor and the underprivileged by sponsoring online services to help raise funds for entrepreneurial, vocational or philanthropic interventions as well as any other helpful services to those in need. It will also implement inspirational events, sessions, courses and similar informative activities with the goal that every person, family, worker, small business owner or job seeker become satisfied, stress free and financially stable. In the event of this corporation's dissolution all remaining assets will be distributed by the directors to other IRS 501(c)(3) recognized charitable organizations with similar purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rosen, David Dir Pres

Name and Title: _____

Address: 3458 Lakeshore Drive

Address: _____

Tallahassee FL 32312

Name and Title: Sutherland, Keith Dir

Name and Title: _____

Address: 10 Goddard Street

Address: _____

Toronto ON M3H 5C6 Canada

Name and Title: Goldstein, Shai Dir

Name and Title: _____

Address: 7571 Courtyard Run

Address: _____

Boca Raton FL 33433

2021 OCT 22 AM 11:56

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: URS AGENTS, LLC
Address: 3458 Lakeshore Drive
Tallahassee FL 32312

ARTICLE VII INCORPORATOR

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

Name: David Rosen
Address: 131 Bloor St West, Ste 200-229
Toronto, ON, M5S 1R8 Canada


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

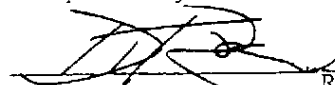


Required Signature of Registered Agent

Kristen Ellison, Asst. Secretary

08/31/2021
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

10.11.21
Date