

P21000054787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

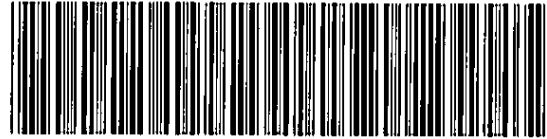
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED
2021 JUN 10 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2021 JUN 10 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Utopian Footprint Corp
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of Status

ADDITIONAL COPY REQUIRED

FROM: Khadijah Ali
Name (Printed or typed)

P.O. Box 15758
Address

Tallahassee, FL 32317
City, State & Zip

352-949-4634
Daytime Telephone number

~~Kat So~~ Mrs.SocialE@the
E-mail address: (to be used for future annual report notification)

ACommonGround.net

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Utopian Footprint Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address: C/O Ms. Ali unit 15758, 2355 Centerville Rd, Tallahassee, FL 32308

Mailing address, if different is: Po box 15758, Tallahassee, FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal purposes

FILED 2021 JUN 10 PM 4:00 SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 35

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Khadijah Ali - President Name and Title: Lewis Woodby - Vice President
Address: 2745 W. Thorpe St Apt 101 Address: 2745 W. Thorpe St Apt 101
Tallahassee FL 3230703 Tallahassee FL 32303

Name and Title: Name and Title:

Address: Address:

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: Ms. Ali Unit 15758 Khadijah Ali
Address: ~~Unit 157~~ 2355 Centerville Rd
Tallahassee FL 32308

ARTICLE VII INCORPORATOR

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

Name: Khadijah Ali
Address: 2765 W. Tharpe St. Apt 101
Tallahassee, FL 32303

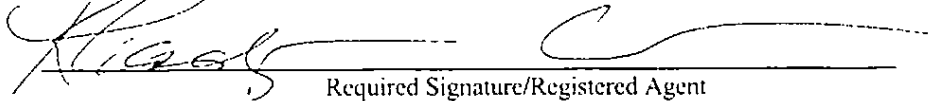
ARTICLE VIII EFFECTIVE DATE:

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.)

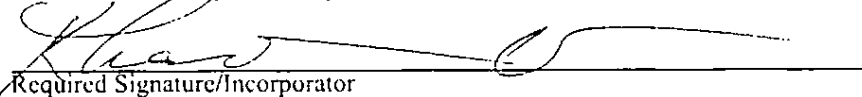
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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/Registered Agent

6/10/21
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

6/10/21
Date