

N200000000797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

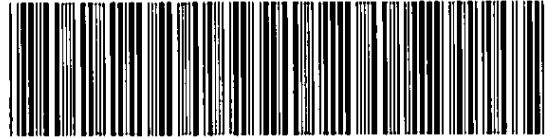
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
DIVISION OF CORPORATIONS
20 JAN 27 PM 2:23

COVER LETTER

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

SUBJECT: Rushamerica Foundation LLC.
(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: Crystle Hackney
Name (Printed or typed)

1016 THOMAS DR #163
Address

PCB, FL 32408
City, State & Zip

850-718-7757
Daytime Telephone number

rushamerica@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: Rushamerica Foundation INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1016 Thomas Dr
#163
PC B, FL 32408

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is formed
to aid in raising funding to help selective charities
further educate and empower people and communities
in need.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: in the by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Crystle Hackney</u> ^{President}	Name and Title:	_____
Address	<u>1016 Thomas Dr</u> <u>#163</u> <u>PC B, FL 32408</u>	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Kelven Tabbs

Address: 1016 Thomas Dr #103
PCB, FL 32408

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kelven Tabbs

Address: 1016 Thomas Dr #103
PCB, FL 32408

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

1/27/20
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

1/27/20
Date

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