

# N01000005518

## TRANSMITTAL LETTER

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

800004511148--3  
-08/01/01--01053--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Reaching out to you, 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: Deborah A. Abrams  
Name (Printed or typed)

1445 ELLIS trace dr.w.  
Address

Jacksonville, Florida 32205  
City, State & Zip

904- 786-5398  
Daytime Telephone number

FILED  
01 AUG - 1 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

W01-17972  
gk 8/3

# ARTICLES OF INCORPORATION

in Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Reaching out to You, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PO Box 6048 - JAX, FL 32236

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Writting Ministry

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

no need to select directors  
at this time. They will be appointed by the owner

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Deborah A. Abrams  
1445 Ellis trace dr. W.  
Jacksonville FL 32205

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Deborah A. Abrams  
1445 Ellis trace dr. W.  
Jacksonville, FL 32205

\*\*\*\*\*  
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.

Deborah A. Abrams

Signature/Registered Agent

8/1/01

Date

Deborah A. Abrams

Signature/Incorporator

8/1/01

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG - 1 AM 9:47

FILED