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TRANSMITTAL LETTER

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

SUBJECT:_	GROUP	OF	TEN	INC	
_	(PROI	OSED C	ORPORATE NAI	ME - MUST INCLUDE S	UFFIX)

☐ \$70.00 ☐ \$78.75 ☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee & Filing Fee,
Certificate of & Certified Copy Certified Copy

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

Status

& Certificate

ADDITIONAL COPY REQUIRED

FROM: VICTOR M. MONTES

Name (Printed or typed)

648, KOG & COURT

Address

KISSIMMEE Florida 34759-4219

City, State & Zip

863-427-4588 2 407-334-5454

Daytime Telephone number

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 The name of the corporation shall be: NOV -3 PM 3:47 The principal place of business and mailing address of this corporation shall be SECRETARY OF STATE TALLAHASSEE, FLORIDA 1948 Kould Court Kissi Mmee, Florida 34759-4319 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Orientation for youth, giving speeches on saying no to Drugs, Sex and Alchol in Various cities and states. ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: As stated in Bylaws ARTICLE V INITIAL DIRECTORS/OFFICERS The name(s), address(es) and title(s): Victor Manuel Montes - President 648 Koala Court Kissimmee Florida 34759-4219 ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the registered agent is: Victor Manuel Montes 648 Koala Court The name and address of the Incorporator is: Victor Manuel Montas rida 34759-4219

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.

Signature/Registered Agent

Date

11/3/64

Signature/Incorporator

Date