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(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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(Do	cument Number)	······································		
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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DESTRUCTIONS
TAP SEA VEGE FLORIDA

WE HAVE NO INTENTION OF REVOKING THE AKTICLES OF DISSOLUTION FOR THE JESSICA CLINTON MVP FOUNDATION.

Roma (Pres.) 3/16/05

SECRETARY OF STAIL
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: THE JESSICA CLINTON MVP FOUNDATION
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one(1) copy of the Art	icles of Incorporation and	a check for :	
□ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	DITIONAL COPY REQUIRED	

FROM: RAHON N. LALLOD

Name (Printed or typed)

1651 SE Goucho Pue

Address

Port St Lucie Fe.

City, State & Zip

772-215-1906

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)

- f	ARTICLE I NAME	
	The name of the corporation shall be:	
	THE JESSICA CLINTON MYP FOUNDATION INC.	
	ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	
	1651 S.E. GOUCHO AVE - PORT ST LUCIE, FL. 34952	
MAIL	ING ADDRESS - P.O. BOX 7012 PORT ST LUCIE, FL 34985	
	ARTICLE III PURPOSE	
_	The purpose for which the corporation is organized is:	
10	RAISE FUNDING TO IMPLEMENT A.E.D'S (AUTOMATIC	EXTERNAL
	DEFIBRILATORS) PROGRAMS FOR FLORIDA SCHOOL SYSTEM	15
	ARTICLE IV MANNER OF ELECTION	
	The manner in which the directors are elected or appointed:	•
	AS STATED IN THE BY LAWS	9 V
		SECRET DIVISION O OG MAR
		7 2 2 3 3 4
	ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS	9 25 A. S.
	List name(s), address(es) and specific title(s):	P
	RAMON N. LALLOO (PRESIDENT)	3: 2
	CHERYL A. LALLOO (VICE RESIDENT)	2
		()·
	ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS	
	The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: RANON N. LALLOD	
	1651 SE GOUCHO AND	
	PORT ST LUCIE, FL 34952	
	ARTICLE VII INCORPORATOR	
	The name and address of the Incorporator is:	
	RANDS NLACLOD	
	RAMON N LALLOS 1651 SE GONCHO AVE	
*	POET 5TLUCI5 FL 34952_ ************************************	****
I	Taving been named us registered agent to accept service of process for the above stated corporation at the pl	ace designated

Signature/Incorporator

Signature/Incorporator

Date

3/16/06

Date

in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.