

NO9800005478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

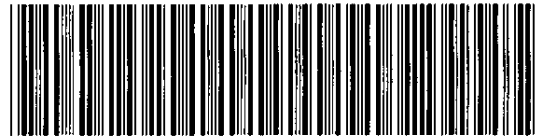
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 JUN -4 AM 11:13

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09 JUN -4 AM 11:18

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-4-09
ec

COVER LETTER

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

SUBJECT: Inspire US Foundation, 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: Inspire US. Foundation
Name (Printed or typed)

9254 Eagles Ridge Dr.
Address

Tallahassee, FL
City, State & Zip

(850) 270-2151
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

IsPure US Foundation, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*9254 Eagles Bridge Dr.
Tallahassee, FL 32312*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Non-For Profit to offer Scholarships
and Leadership Institute*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by President

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

*Mr. Nick Maddox, Vice President
Mr. Charles Osiris, Assistant*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*At her home 9254 Eagles Bridge Dr.
Tallahassee, FL 32312*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Dr. Lee Jones
9254 Eagles Bridge Dr.
Tallahassee, FL 32312*

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

Signature/Incorporator

Date