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(Requestor's Name)

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(City/State/Zip/Phone #)

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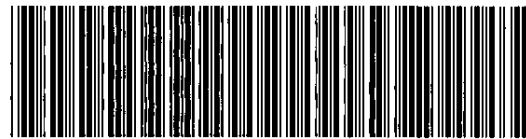
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 24 2011

W11-1461
W10-58939
772

COVER LETTER

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

SUBJECT: A.T.A.P.P ALL Things Are Possible Program
(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: Tashea Seymore
Name (Printed or typed)

4013c s.w 16th lane
Address

Gainesville FL 32607
City, State & Zip

386 855 1367
4013 c s.w 16th lane Telephone number

tashea1988@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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: **All Things Are Possible Program INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
4013c SW 16th Lane
Gainesville FL 32607

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide knowledge and resources that can assist young ladies 13-17 to proceed in different aspects of life, all the while encouraging and inspiring them to strive for their best and never give up. Upon the solution of the corporation all remaining assets will be placed into on last function, events, or item that will benefit the young ladies in their advancement.

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

Directors are elected by the executive board on a majority consensus.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jermesa Lee
Address: p.o box 1717
Jasper FL 32052
Director

Name and Title: _____
Address: _____

Name and Title: Tashea Seymore
Address: 4013c sw 16th lane
Gainesville FL 32607
Director

Name and Title: _____
Address: _____

Name and Title: Teneshia Pate
Address: P.O box 52
Live Oak fl 32604
Director

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Tashea Seymore
Address: 4013c s.w 16th lane
Gainesville FL 32607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jermesa Lee
Address: P.O box 1717
Jasper FL 32052

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

Tashea Seymore
Required Signature of Registered Agent

1/18/11
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.

[Signature]
Required Signature of Incorporator

1/18/11
Date

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TALLAHASSEE, FLORIDA