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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
| Special metractions to thining officer. | | | | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

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

| SUBJECT: 5 Pounds A Month Incorporated | | | | | |
|--|--|-------------------------------------|--|--|--|
| | (PROPOSED CORPORAT | E NAME – <u>MUST INCL</u> | JDE SUFFIX) | | |
| | | | · | | |
| | | | | | |
| Enclosed is an original a | and one (1) copy of the Artic | eles of Incorporation and | d 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 C | OPY REQUIRED | | |
| | > | 4 | | | |
| FROM: | Denise Pender | | _ | | |
| Name (Printed or typed) | | | | | |
| 2377 NW 52nd Ct | | | | | |
| Address | | | | | |
| Ft. Lauderdale, Fl. 33309 | | | | | |
| City, State & Zip | | | | | |
| 954-305-4861 | | | | | |
| 2377 nw Sentime Telephone number | | | | | |

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

5poundsamonth@gmail.com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be: 5 Pounds A Month Incorporated

| ARTICLE II | PRINCIPAL OFFICE | | | |
|---|---|--|--|--|
| | Principal street address | | Mailing address, if different is: | |
| 2377 nw 52nd ct Ft Lauderdale, Ft, 33309 | | | 2377 nw 52nd ct Et. Lauderdale, Fl. 33309 | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| | PURPOSE | | | |
| | which the corporation is organized is: | | | |
| lo educate, | promote and support in healthy livin | g. | | |
| ARTICLE IV | MANNER OF ELECTION The manner | in which the directors are elected a | nd appointed: | |
| Appointed b | y Incorporator | | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECT | TORS | FEB FEB | |
| | Title: Denise Pender.CEO | Name and Title: | | |
| Address: | 2377 nw 52nd ct | Address: | - 81 = 11 | |
| | Ft Lauderdale, Fl. 33309 | | A THE | |
| Name and | Tiste tomostab V Booples Country | Name and Title. | | |
| Name and Address: | Title: Jameelah Y. Peoples, Secretary 534 Jackson St | | | |
| Audiess. | Grovetown, Ga 30813 | Address. | Shi in | |
| | | | | |
| Name and | Title: Orlando Craighead, Treasurer | Name and Title: | · | |
| Address: | 8500 Parkland ave Apt 305 | | | |
| | Charlotte, NC, 28203 | | | |
| ARTICLE VI | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable | of the registered agent is: | | |
| Name: | Denise Pender | | | |
| Address: | 2377 nw 52nd ct | | | |
| | Ft. Lauderdale, Fl. 33309 | | | |
| ARTICLE VII | | en de de la companya | | |
| ine <u>name and a</u> Name: | ddress of the Incorporator is: Denise Pender | | | |
| Name: Address: | 2377 nw 52nd ct. | | | |
| Addicss. | Ft. Lauderdale, Fl. 33309 | | | |
| | med as registered agent to accept service of profamiliar with and accept the appointment as regis | | | |
| - X x | > 1111 | • | 2/11/2011 | |
| () · · · · | Required Signature of Registered Agen | t | Date | |
| Rubmit this doc to the Departmen | nument and affirm that the facts stated herein an nt of State constitutes a third degree felony as pro | e true. I am aware that any false i wided for in s.817.155, F.S. | nformation submitted in a document | |
| Hba | ~ 41 7 2 | | 2/11/2011 | |
| | Required Signature of Incorporat | OF | Date | |