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(Re	questor's Name)	_ <u>,</u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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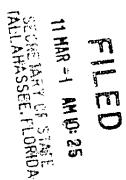
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11 MAR - 1 AM IO: 11

OEFF OF CORPORATIONS
OF CORPORATIONS

MR)



COVER LETTER

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

SUBJECT: - Tour	Tor You're (PROPOSED CORPORA	Truler Bless	
	(PROPOSED CORPORA	TENAME - <u>MUST INCLU</u>	DE SUFFIX)
Enclosed is an original	and one (1) copy of the Ar	ticles 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 CO	DPY REQUIRED
FROM:	Shantae Wilder	•	
	P.O. Box 210 Tallahessee f	74 Address	-

E-mail address: (to be used for future annual report notification)

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

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

FILED

11 MAR - T AM 10: 25 ARTICLE I The name of the corporation shall be: You're Troly Bloss, Corp SECHETARY OF STATE TALLAHASSEE. FLORIDA ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 1561 Blown blown Huy APT-103 Talobusoc FL 3230c/ P.O. Box 21074 Tallahassee FL 32316 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: prevent gamilies and individuals whom are on the verge of bear homeless from becoming homeless, to reduce the number of individual whom are Chronically homeless within Zeon and surrounding areas, and to improve individuals circumstance by holping them improve thomselvos. MANNER OF ELECTION The manner in which the directors are elected and appointed: as 570 100 and 4 h e 5glaus INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Shantae U.ider frosiden + Name and Title:

Address: CEO and Founder Address:

P.O Box 21074 Tailla hass se FL 32316 Name and Title: Name and Title: Address: Address: Name and Title:___ Address: _____ Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Shanlace Wilder 156/ Blountstown Huy APT-103 Tallahossee FL Address: 32304 INCORPORATOR ARTICLE VII

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

The name and address of the Incorporator is:

Name: Address:

Shantae Wilde

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.

Amile With
Required Signature of Incorporator

03/02/11

Date