

N1100 000 2515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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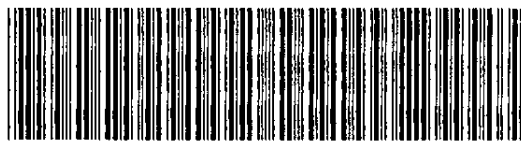
(Business Entity Name)

(Document Number)

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2011 MAR 10 AM 11:36  
TALLAHASSEE, FL 32301  
STATE OF FLORIDA

J. Shivers MAR 14 2011

## COVER LETTER

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

SUBJECT: Nothing 2 Lose 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: Daven J Wright  
Name (Printed or typed)

601 W 35<sup>th</sup> Street  
Address

Riviera Bch Fla 33404  
City, State & Zip

(561) 294-7309  
Daytime telephone number

Nothing 2 Lose Foundation @ gmail.com  
E-mail address: (to be used for future annual report notification)

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**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: Nothing 2 Lose foundation Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
601 W 35th Street  
Riviera Bch Fla  
33404

Mailing address, if different is:  
Po Box 9044  
Riviera Bch Fla  
33419

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To help the less fortunate  
Back on life get a grasp

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

as stated in bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Daven Wright  
Address: Founder  
601 W 35th Street  
Riviera Bch Fla 33404

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Reginald Parson  
Address: 601 W 35th Street  
Riviera Beach Fla, 33404

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Daven Wright  
Address: 601 W 35th Street  
Riviera Bch Fla  
33404

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TALLAHASSEE, FL  
SECRETARY OF STATE

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

Reginald Parson  
Required Signature of Registered Agent

2/25/11  
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

2/25/11  
Date