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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 19 AM 10:35

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: Truth Outreach Project 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: KHADINE ALSTON
Name (Printed or typed)

5200 N. Federal Hwy, Suite 2, PMB 1108
Address

Fort Lauderdale FL 33308
City, State & Zip

954 579-6106
Daytime Telephone number

TruthOutreachproject@gmail.com,
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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: The Truth Outreach Project Inc.

SEP 19 AM 10:35

ARTICLE II PRINCIPAL OFFICE

Principal street address
5200 N. Federal Highway
Suite 2, PMB 1108
Fort Lauderdale, FL 33308

Mailing address, Secretary of State
Tallahassee, Florida

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide a spirit of hope through empowerment of individuals from underserved communities
by increasing access to limited resources including, but not limited to healthcare and legal
resources in a manner consistent with the doctrine of Jesus Christ: Love, truth, faith
and honor.

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

Board members will serve a three year term and will be elected by popular vote (majority vote).

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Khadija Alston, President
Address: 5200 N. Federal Highway
Suite 2, PMB 1108
Fort Lauderdale, FL 33308

Name and Title: Jeleine Fertel, Vice President
Address: 5200 N. Federal Highway
Suite 2, PMB 1108
Fort Lauderdale, FL 33308

Name and Title: Christellette Hoy, Secretary
Address: 5200 N. Federal Highway
Suite 2, PMB 1108
Fort Lauderdale FL 33308

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: Khadija Alston
Address: 5200 N. Federal Highway
Suite 2, PMB 1108
Fort Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Khadija Alston
Address: 5200 N. Federal Highway
Suite 2, PMB 1108
Fort Lauderdale, FL 33308

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


Required Signature of Registered Agent

9/14/11
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.


Required Signature of Incorporator

9/14/11
Date