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	(Req	uestor's Name)	
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	(Add	ress)	
* ***			
	(City	/State/Zip/Phon	e #)
PICK-UF	>	☐ WAIT	MAIL
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Certified Copies		Certificate	s of Status
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Special Instructions	s to F	iling Officer:	
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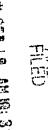
Office Use Only



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SECHETARY OF STATE SHALL AHASSEE, FLORIDA



COVER LETTER

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

SUBJECT: ruti			· •
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Art	icles of Incorporation and	d a check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate OPY REQUIRED
FROM:	Name (P	rinted or typed)	
	5000 N. Federa	al Hwy, Svite J, Address	<u>P</u> MB 1108
	Fort Laudordal-City,	<u>e FL</u> 33308 State & Zip	-

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

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

954 579-6106 Daytime Telephone number

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



ARTICLE I N	IAME TO THE	ممان 🔿 علا	N	. —		06
The name of the corp	VAME oration shall be: The Tr	oun Outrea	ich troje	et Inc.	M SEF 19 AF	[] 35
	PRINCIPAL OFFICE		J			/ \" \ " \ " \"
	Principal street addres	SS 111 Alexand		Mailing addre	ess, BEOTE FEMILIS UI TALLAHASSEE.	- STALE ELORI DA
			_		IALLAMAGOEE.	- COLIEDA
	Suite 2, PMB 1	2 FL 33308	,			
		7	_			
1 Ad \$2.60	<u>PURPOSE</u>					
The purpose for whi	ch the corporation is organized t of hopethrough en cess to limited resu nanner Consistent w	lis:	A individu	uals from und	preserved com	munities
OVICE A Spirit	reacts limited resi	DECCE INCIDE	didd hit	not limited to	healthcate	and leas
residental	romas Confratent v	villa the di	Atolog A	Trave Church	til ove trut	'h L.Y.
and honor.	Millier — 19191911 1	43 14 14 24	101.11.00	1 02309 0111	51. 10.0	אמוההליי
	MANNER OF ELECTION	The manner in wh	ich the directors	are elected and appoint	ted:	Aug. 10
Boardmembers w	<u>MANNER OF ELECTION</u> UII) Serve a three ye	artermand	will be a	lected by paper	ularrote (ma)	DYHY VUR
Name and Title	INITIAL OFFICERS AND/	7. Prosident	= Name and Title:	Jeleine to	ertil, Vice	<u>Presiden</u>
Address:	5200 N. Federal	HIAHWAY	Address:	5200 N. FR	deral Hinr	MANY
	Svite 2, PMB	FL 33308		Surr J. Ph	16 11 08	23509
		-	=	TOPY LAVALE	ane, T.L.	احررو
A 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	e: Christelette Hoe	y, Surtary				
Address:	5200 N. Federal H.		Address: _			
	Fort Lavdordale T		-			
						
Name and Title Address:	à:		Name and Title: Address:			
Address.			Address.			
			_			
ARTIĞLE VI I	REGISTERED AGENT					
	da street address (P.Q. Box NC	OT acceptable) of th	e registered agen	t is:		
» Name:	Knadine Alsto	\mathcal{U}				
Address:	5200 N. Fed	wal Highw	<i>ky</i>			
	Fort Lauder dals	2. FL 333DE	<u>~</u>			
		7				
	INCORPORATOR ess of the Incorporator is					
Name:	Khadine A 67	DVI.				
Address:	5200 N. Frde	LY HIDAM	M			
	Fort Lauderdal	5 110x	787			
		, + 0 33				
Havingtbeen named	as registered agent to accept	service of process	for the above st	tated corporation at th	ie place designated i	in this
certificate, I am fami	iliar with and accept the appoin	tment as registered	agent and agree	to act in this capacity		
				0	1/14/11	
	Required Signature of Re	gistered Agent			Date	
	16					
	ent and affirm that the facts sta State constitutes a third degree				n submitted in a doci	ument
to the Department of	1 Al	Jeiony us provided	Jee 111 2102 112 221		1	
					1 14 11	
	Required Signature	of Incorporator			Date	