

N11000010451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

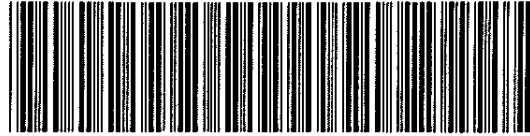
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/08/11--01003--006 **87.50

RECEIVED

11 NOV - 8 AM 9:14

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 NOV - 8 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 11/08/11

COVER LETTER

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

SUBJECT: Made By Us, Incorporated

(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: Ivanna Rebecca Pengelley

Name (Printed or typed)

1000 West Tharpe Street Suite 15

Address

Tallahassee, FL 32301

City, State & Zip

561-309-9746

1000 West Tharpe Street, Suite 15
Tallahassee, FL 32301
Phone Number

MadeByUsTallahassee@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)

ARTICLE I NAME

The name of the corporation shall be: **Made By Us, Incorporated**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1000 West Tharpe Street; Suite 15
Tallahassee, FL 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide work experience for young adults who have aged out of foster care, through providing a variety of services to local businesses.

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

They are initially appointed by the officers; however, after the first year, the directors will be annually elected to office by a majority vote of the lead officers.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Thomas Fair; Chief Executive Officer</u>	Name and Title: <u>John Fair; Chief Operations Officer</u>
Address: <u>2389 Sandpiper Street</u>	Address: <u>2389 Sandpiper Street</u>
<u>Tallahassee, FL 32303</u>	<u>Tallahassee, FL 32303</u>

Name and Title: <u>Keyonia Graham; Chief Financial Officer</u>	Name and Title: <u>Ivanna Rebecca Pengelley; ^{SECY} Chief Advisor</u>
Address: <u>1879 Gina Drive</u>	Address: <u>1879 Gina Drive</u>
<u>Tallahassee, FL 32303</u>	<u>Tallahassee, FL 32303</u>

Name and Title: _____	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: Ivanna Rebecca Pengelley
Address: 1879 Gina Drive
Tallahassee, FL 32303

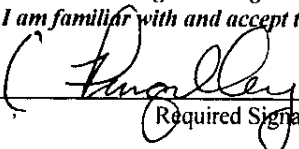
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ivanna Rebecca Pengelley
Address: 1879 Gina Drive
Tallahassee, FL 32303

FILED
11 NOV - 8 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

11/7/11

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

11/7/11

Date