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(Requestor's Name)					
(Address)	_				
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
TAIL MASSEE, FLORID.



COVER LETTER

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

SUBJECT: Porte	er Out Reach Inc. (PROPOSED CORPORAT	E NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed is an original \$70.00 Filing Fee	and one (1) copy of the Artic \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
FROM	281 Spring Mead			
	Quincy, Florida 3	tate & Zip	HUBABARY DE C	15 MB 62 NN 24
	Porterdj50@aol	.com	95	تن تن

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

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

ARTICLES OF INCORPORATION

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

The name of the co	Porter Out Reach In	1C.	
i ne name or the co	rporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	281 Spring Meadow Road		_
	Quincy, Florida		
	32351		
ARTICLE III	PURPOSE		
• •	hich the corporation is organized is:		
at-risk, abused an educational, cultur	s organized exclusively for community serviced neglected children, adults and elderly. The ral, and social benefits, improving the quality ude spiritual guidance and referrals, personal	scope of these services in and increasing the availab	nclude the making of provisions for
ARTICLE IV	MANNER OF ELECTION The manner	er in which the directors are	elected and appointed:
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS	
Name and Ti	tle: Derrick Porter-Director	Name and Title:	
Address:	281 Spring Meadow	Address:	
	281 Spring Meadow Quincy, Florida 32351		
Name and Ti	tle: Montika Porter-Director	Name and Title:	
Address:	281 Spring Meadow Rd	Address:	
110,010001	Quincy, Florida 32351		
Name and Ti	tle: Kendrick Porter- Director	Name and Title:	
Address:	281 Spring Meadow Road	Address:	
	Quincy, Florida 32351		
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable	le) of the registered agent is	:
Name:	Dorothy Porter	,	******
Address:	281 Spring Meadow Road		<u>≱</u> ∞ <u>_</u>
	Quincy, Florida 32351		
		· · · · · · · · · · · · · · · · · · ·	
			Z Z
ARTICLE VII	INCORPORATOR		<i>№</i>
	Iress of the Incorporator is:		
Name:	Priscilla McGriff		Company and the company of the compa
Address:	801 Arlington Cir		
	Quincy, Florida 32351		
	-4		Dog •
			ed corporation at the place designated in this
erujicaie, i am jai	miliar with and accept the appointment as reg	usierea ageni ana agree io	act in this capacity
1) 4	1 12		0010010010
NIOLOXA	y rocke		06/29/2012
<	Required Signature of Registered Age	ent	Date
submit this docum	nent and affirm that the facts stated herein a	re true. I am aware that a	ny false information submitted in a document
	of State constitutes a third/degree felony as p		
zypadyneni,	- Company	i	~ , / / ₋
MIN	MIDE They	N	6/29/2012
1100	Cued III Su		<u> </u>
•	Required Signature of Incorpor	ator	Date