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COVER LETTER

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

_{SUBJECT:} Push	for the future In						
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)						
Enclosed is an original a	and one (1) copy of the A	rticles of Incorporation and	l 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 CO	OPY REQUIRED				
FROM:	Rafeek Khan						
		Printed or typed)	_				
	3820 Brooke la						
	Address						
	Fort meade Florida 33841 City, State & Zip						
917-251-5307							
301 s Changetione Alcelephone number							

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

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

rkhan0124@yahoo.com

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

The name of the c	orporation shall be:	nc		
The name of the C	orporation shall be.			
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing address, if different is:	
	301 s Charleston Ave.		<u> </u>	
	Fort Meade Florida 33841	<u> </u>		
ARTICLE III	PURPOSE			
	which the corporation is organized is:			
	ssistant in community initiatives; pr	avida aaada far farm	ing irrigation, froch drinking	awatar
for families in			iing,ingation, nesn dinking	g water
ARTICLE IV	MANNER OF ELECTION The manner		elected and appointed:	
Directors will	be appointed by a selection comm	nitee.		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC			
Name and T	itle: Rafeek Khan President	Name and Title:		
Address:	3820 Brooke Lakes Dr.	Address:		
	Fort Meade Fl.33841	 -		
Mame and T	itle:Karamba Touray treasurer			
Address:	323 Ave V NE	Name and Title:		
7 taa: 6 33,	323 Ave. Y NE Winter Haven Fl. 33881	Address.		
Name and T	itle: Raushan Khan board member	Name and Title:		
Address:	_1109 Boynton Ave	Address:		
	Bronx NY.10472			
			S (2)	 ;
ARTICLE VI	REGISTERED AGENT		<u> </u>	007
	orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	等 直	
Name:	Rafeek Khan	_	<u> </u>	-9 A
Address:	3820 Brooke lakes Dr.		用美	
	Fort Meade Fl. 33841		m	
			202	ö
ARTICLE VII	INCORPORATOR		≓ <u></u>	
	dress of the Incorporator is:		\$ 111	ထ
Name:	Rafeek Khan			
Address:	3820 Brooke Lakes Dr.			
	Fort Meade FI.33841	.		
	ned as registered agent to accept service of pr			ed in this
cernjicate, i am ja	miliar with and accept the appointment as regi	sterea agent ana agree to ac	et in this capacity	
Baker	11/12		10/1/10	
- ceargas	Required Signature of Registered Ager	nt	10/6/12 Date	
	required digitalitie of registered Aget	is .	, Date	
l submit this docu	ment and affirm that the facts stated herein a	re true. I am aware that any	y false information submitted in a d	locument
to the Department	of State constitutes a third degree felony as pro	ovided for in s.817.155, F.S.		
- 1				
Plate	Required Signature of Incorpora		10/16/12 Date	_
ν	Required Signature of Incorpora	tor	/ Date	