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(Address)

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13 MAR 12 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

3/13

**COVER LETTER**

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

SUBJECT: OUR Movement, 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: Blake Lynch  
Name (Printed or typed)

324 meadow beauty terrace  
Address

Sanford, FL 32771  
City, State & Zip

(407) 562-7105  
Daytime Telephone number

Blake.Lynch514@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: Our Movement, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

324 meadow beauty terrace  
Sanford, FL 32771

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to publish a media Campaign  
to inform the public of various health issues. This  
Corporation is not for-profit. No part of the  
net earnings of the corporation shall insure to the  
benefit of its members, trustees, or officers.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: are by  
appointment of the founding members.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Blake Lynch, President Name and Title: Brett Donnelly, vice President

Address: 324 meadow beauty terrace Address: 1134 Greenstone Blvd  
Sanford, FL 32771 Apt 200

Name and Title: Eric Drabik, member Name and Title: Sharon Wright, Member

Address: 12804 Short Hills Dr Address: 14242 Viburnum Ln  
Clarksburg, MD Orlando, FL 32828  
20871

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY  
WILLIAM H. HARRIS  
13 MAR 12 PM 4:43

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: Blake Lynch

Address: 324 meadow beauty terrace  
Sanford, FL 32771

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Blake Lynch

Address: 324 meadow beauty terrace  
Sanford, FL 32771

*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*

*BL Lynch*

Required Signature of Registered Agent

2/12/2013

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.*

*BL Lynch*

Required Signature of Incorporator

2/12/2013

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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