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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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DIVISION OF CORPORATIONS  
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## COVER LETTER

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

**SUBJECT:** MAN UP Mentoring, 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:** Samantha A. Wallace

Name (Printed or typed)

3515 Kipling Drive

Address

Orlando, FL 32808

City, State & Zip

254.498.5038

Daytime Telephone number

saw\_wallace@hotmail.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: MAN UP Mentoring, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
3515 Kipling Drive

Orlando, FL 32808

Mailing address, if different is:  
P.O. Box 1591

Orlando, FL 32802-1591

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: MAN UP Mentoring, Inc. strives to continually improve the quality of life for at-risk male youth by providing educational, mentoring and social services that will equip young men to lead inspiring lives.

The Corporation is formed exclusively for charitable, educational, religious and/or scientific purposes within the meaning of Section 501c3 of the Internal Revenue Code, as amended, or under any corresponding provisions of any subsequent federal tax laws governing the distributions to organizations qualified as tax-exempt.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Per the Bylaws

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

Name and Title: Samantha A. Wallace, Founder & President

Address: 3515 Kipling Drive  
Orlando, FL 32808

Name and Title: Carl Wallace, Founding Member & Vice President

Address: 3515 Kipling Drive  
Orlando, FL 32808

Name and Title: Christopher O. Wallace, Co-Founder & Director of Mentor Relations

Address: 945 Wooden Blvd.  
Orlando, FL 32805

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

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

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

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

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

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

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

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

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

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Samantha A. Wallace

Address: 3515 Kipling Dr.  
Orlando, FL 32808

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Samantha A. Wallace

Address: 3515 Kipling Dr.  
Orlando, FL 32808

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*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*

Samantha A. Wallace  
Required Signature of Registered Agent

1/13/14  
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.*

Samantha A. Wallace  
Required Signature of Incorporator

1/13/14  
Date