

N14 00000 8567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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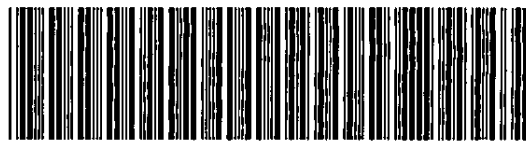
(Business Entity Name)

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DIVISION OF CORPORATIONS
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ROWS
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COVER LETTER

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

SUBJECT: Need 2 Read Foundation 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: Michele Mims
Name (Printed or typed)

610 Lido Drive
Address

Fort Lauderdale, FL 33301
City, State & Zip

954 234 1040
Daytime Telephone number

mma411@yahoo.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: Need 2 Read Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
610 Lido Drive

Fort Lauderdale, Florida

33301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RELIEF TO THE POOR AND UNDERPRIVILEGED BY PROVIDING NEW AND USED BOOKS. ALSO PROVIDING NEW AND USED BOOKS TO SOLDIERS, VETERANS AND THEIR FAMILIES

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ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: AS PROVIDED FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHELE AHMED DIRECTOR

Address: 610 LIDO DRIVE
FORT LAUDERDALE, FL
33301

Name and Title: _____

Address: _____

Name and Title: BRITTANY MIMS DIRECTOR

Address: 1155 BRICKELL BAY DR
MIAMI, FL
33131

Name and Title: _____

Address: _____

Name and Title: PHYLLIS VEILLEUX DIRECTOR

Address: 26 WILLIE LANE
WEAVERVILLE, NC
28787

Name and Title: _____

Address: _____

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: MICHELE AHMED

Address: 610 Lido Drive

Fort Lauderdale, FI 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHELE AHMED

Address: 610 Lido Drive

Fort Lauderdale, FI 33301

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

Michele Ahmed

Required Signature of Registered Agent

Michele Ahmed

9/10/2014
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.

Michele Ahmed

Required Signature of Incorporator

Michele Ahmed

9/10/2014
Date