

N140000009198

(Requestor's Name)

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(Business Entity Name)

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TALLAHASSEE FLORIDA

11/4-5747

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COVER LETTER

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

SUBJECT: Seeds of Love 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: Bentraia Rolle
Name (Printed or typed)

2051 NW 2nd Court
Address

Boynton Beach, FL 33435
City, State & Zip

561-577-7413
Daytime Telephone number

solovefoundation@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2014

BENTRAIA ROLLE
2051 NW 2ND COURT
BOYNTON BEACH, FL 33435

SUBJECT: SEEDS OF LOVE FOUNDATION, INC.
Ref. Number: W14000057947

We have received your document for SEEDS OF LOVE FOUNDATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 914A00020282

COVER LETTER

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

SUBJECT: Love of Seeds 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
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Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Bentraia Rolle
Name (Printed or typed)

2051 NW 2nd Ct.
Address

Boynton Beach, FL 33435
City, State & Zip

561-577-7413
Daytime Telephone number

solovefoundation@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: Love of Seeds Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2051 NW 2nd Ct. Boynton Beach, Fl 33435

Mailing address, if different is:

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: providing social services to the youth, young adults and ex-convicts

in the nature of nurturing instruction by offering educational programs, welfare to workforce, job skills, recreational activities, business consulting, food drive for the homeless, HIV/AIDs

awareness and testing location, mentoring, afterschool activities, ex convicts second chance program offering community service, development and professional skills.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: bylaws of the corporation

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Director/Bentraia Rolle

Address: 2051 NW 2nd Ct.
Boynton Beach, Fl 33435

Name and Title: Secretary/Vernette Morris

Address: 321 SW 12th Ave
Delray Beach, Fl 33444

Name and Title: Director/Peggy Sanders

Address: 2140 NE 1st Lane
Boynton Beach, Fl 33435

Name and Title: _____

Address: _____

Name and Title: Director/ Lashawn Dawson

Address: 276 Mentone Rd.
Boynton Beach, Fl 33435

Name and Title: _____

Address: _____

Name and Title: VP/ Mary Williams Name and Title: _____

Address 700 SW 9th St. Address: _____
Delray Beach, FI 33444 _____

Name and Title: Treasurer/ Bentraia Rolle Name and Title: _____

Address 2051 NW 2nd Ct. Address: _____
Boynton Beach, FI 33435 _____

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ALL DOCUMENTS
FILED
FLORIDA

ARTICLE VI REGISTERED AGENT

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

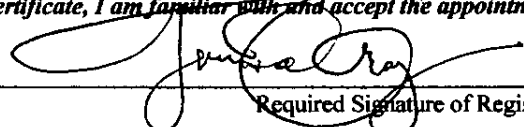
Name: Tericka Gray
Address: 85 SW 5th Ave
Delray Beach, FI 33444

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bentraia Rolle
Address: 2051 NW 2nd Ct.
Boynton Beach, FI 33435

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



Required Signature of Registered Agent

09/30/2014

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.



Required Signature of Incorporator

09/30/2014

Date