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15 FEB -9 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/12/15

COVER LETTER

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

SUBJECT: **The Mentor Ring Corp.**

(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: **Grace Streich**

Name (Printed or typed)

8781 Holly Ct. #203

Address

Tamarac, FL 33321

City, State & Zip

954-319-1333

Daytime Telephone number

gf6797@msn.com

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

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TALLAHASSEE, FLORIDA

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: The Mentor Ring Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8781 Holly Ct. #203

Tamarac, Florida 33321

Mailing address, if different is _____

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Mentor Ring Corp. has been created with the purpose of providing mentoring to professionals and non-professionals who are seeking direction and ways to expand their potential. This organization will also find ways to cooperate with people, adults and children in need; seeking to improve their quality of life. Helping them to obtain and exercise their human rights, as well.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
Appointed by the President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Perry Stolberg, President
Address: 18911 Collins Ave. Unit 3604
Sunny Isles, Florida 33160

Name and Title: Grace Streich, Vice President
Address: 8781 Holly Ct. #203
Tamarac, Florida 33321

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

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: Grace Streich

Address: 8781 Holly Ct. #203

Tamarac, Florida 33321

ARTICLE VII INCORPORATOR

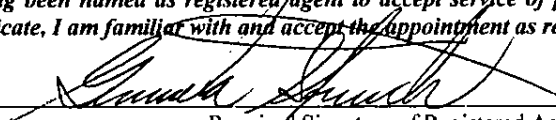
The name and address of the Incorporator is:

Name: Grace Streich

Address: 8781 Holly Ct. #203

Taarac, Florida 33321

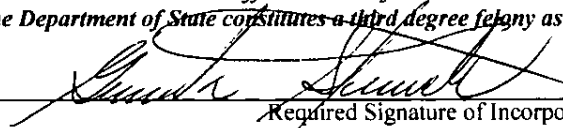
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

2/6/15
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

2/6/15
Date

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