N 15000005323

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE





COVER LETTER

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

SUBJECT:			
50 De Le 11	(PROPOSED CORPO	DRATE NAME - MUST IN	CLUDE SUFFIX)
Enclosed is an orig	ginal and one (1) copy of the Art	icles 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 CO	PY REQUIRED
FR0	OM: Jasmine Gary Nan 1520 S.W. 4th Street, Apt. 20	ne (Printed or typed) 2 Address	
	Homestead, FL 33030	City, State & Zip	-

(786) 234-5688

4waystreet@gmail.com

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

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

Daytime Telephone number

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

APPROVEL
AND FILED
LILED

<u> ARI</u>	<i>TCLE I</i>	' '	NAME

4 Way Street, Inc.

<u>ARTICLI</u>	E II PRINCIPAL OFFICE		15 MAY 26 PM 1:2		
_	Principal <u>street</u> address: 1520 SW 4th Street, Apt 202		Mailing address, if differentie RETARY OF STATE TALLAHASSEE, FLORIDA		
]	Homestead, FL 33030				
	ose for which the corporation is organized	1S:	ganized and operated exclusively for charitable, religious 3) of the Internal Revenue Code of Internal Revenue		
			ion of the corporation, assets shall be distributed for one		
			the Internal Revenue Code, or corresponding section of		
any future	e tax code, or shall be distributed to the fe	deral government, or to a	state or local government, for a public purpose.		
			,		
ARTICLI	E IV MANNER OF ELECTION The	manner in which the dire	Directors will be		
	ated and majority vote required of pro				
ARTICLE	V INITIAL OFFICERS AND/OR D	IRECTORS			
Name and	Tracy Zeigler, President	Name and Title	Gloria Sumpter, Vice President		
Address	6025 SW 63 Terrace	Address:	10915 SW 141st Lane		
	Miami, FL 33143		Miami, FL 33176		
Name and Title Address	Marilyn Walker, Secretary	Name and Title	Petrina Bodie, Tresurer		
	730 NW 14th Street	Address:	11394 SW 226th Street		
	Florida City, FL 33034	Address.	Miami, FL 33170		
Name and	Title Jasmine Gary, CEO	Name and Title			
Address	1520 SW 4th Street, Apt 202	Address:			
	Homestead, FL 33030	Address.			

Name and Title:		Name and Title:	APPROVEL
Address ·		Address:	fleb_
			15 MAY 26 PM 1: 27
			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name and Title:	<u>]</u>	Name and Title:	
Address		Address:	
	REGISTERED AGENT rida street address (P.O. Box NOT accept	able) of the register	ed agent is:
Name:	Jasmine Gary	,	
Address:	1520 SW 4th Street, Apt. 202	2	
Audiess.	Homestead, FL 33030		
		····	
	NCORPORATOR Iress of the Incorporator is:		
Name:	Jasmine Gary		
Address:	1520 SW 4th Street, Apt. 202	2	
	Homestead, FL 33030		
ARTICLE VIII	EFFECTIVE DATE: 05/20/20	115	
Effective date, if o (If an effective da after the filing.)	ther than the date of filing: $\frac{05/20/20}{\text{be specific and}}$	cannot be more th	(OPTIONAL) han five business days prior or 90 business days
	nserted in this block does not meet the apply we date on the Department of State's record		ing requirements, this date will not be listed as the
	ed as registered agent to accept service of miliar with and accept the appointment as		pove stated corporation at the place designated in this d agree to act in this capacity
	Mine E. Lang. Required Signature of Registered A	agent	5/20/2015 Date
	ment and affirm that the facts stated herein of State constitutes a third degree felony as		are that any false information submitted in a document 17.155, F.S.
gass	nine C. Lang Required Signature of Incorpo	prator	5/20/20/5