

N15-000006438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

T. Burch JUL - 1 2015

COVER LETTER

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

SUBJECT: B.E.S.T. (Becoming Excelling Students Together 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: SAMUEL ICHITE
Name (Printed or typed)

4122 SONNET DR
Address

TALLAHASSEE, FL 32303
City, State & Zip

850 - 345 - 4639
Daytime Telephone number

thebesttallahassee@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: Becoming Excelling Students Together Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

4122 Sonnet Dr.

Tallahassee, FL

32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to mold and mature students at risk youth from grades 8-12th grade into college.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Board election
Stated in the By-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAMUEL ICHITE / Executive Director Name and Title: _____

Address: 4122 Sonnet Dr. Address: _____
Tallahassee, FL
32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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: Samuel Ichite

Address: 4122 Sonnet Dr.

Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

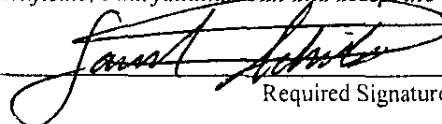
The name and address of the Incorporator is:

Name: Samuel Ichite

Address: 4122 Sonnet Dr.

Tallahassee, FL 32303

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

7/1/15
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

7/1/15
Date