

N15000007832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

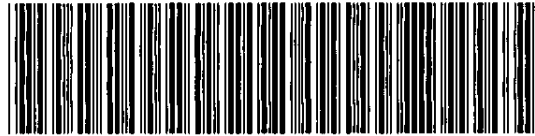
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SPECIAL INSTRUCTIONS
DEPARTMENT OF REVENUE

K 08/12/15

COVER LETTER

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

SUBJECT: The Rescue project 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: Timmy L. Wimes
Name (Printed or typed)

1223 Cleveland St.
Address

Tallahassee FL 32310
City, State & Zip

(850) 980-2584 or
Daytime Telephone number

Ntbcnew@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: The Rescue project Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1223 Cleveland st
Tallahassee, Fl.
32310

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To rescue young men
from the perils of life, by effective youth
counselling, family intervention programs, reconcile
broken families structure, prison preventive
programs, jobs and housing, working with
discourage school drop-outs.

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

President Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

(Founder), CEO

Name and Title: Timmy Wimes Name and Title: _____

Address: 1223 Cleveland st Address: _____

Tallahassee, Fl.
32310

Name and Title: Cassandra Wimes Name and Title: _____

Address: 1223 Cleveland st Address: _____

vice president Tallahassee, Fl.
32310

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
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:

Timmy Wines

Address:

1223 Cleveland St.

Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

Timmy Wines

Address:

1223 Cleveland St.

Tallahassee, Fla. 32310

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Timmy Wines

Required Signature of Registered Agent

8/12/2015

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.

Timmy Wines

Required Signature of Incorporator

8/12/2015

Date