

N15000008542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

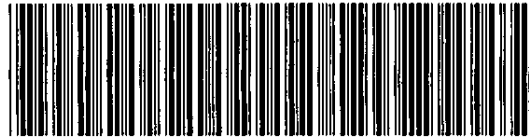
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

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## COVER LETTER

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

SUBJECT: The Office of Labor Rodriguez Adams and Associates 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: Labor Rodriguez Adams  
Name (Printed or typed)

147 McKay Dr. Apt A.  
Address

Haines City, Florida 33844  
City, State & Zip

(912) 309-9709  
Daytime Telephone number

ptnlw@aol.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 Office of LaRon Rodriguez Adams and Associates inc

### ARTICLE II PRINCIPAL OFFICE

Principal street address:

147 McKay Dr. Apt A

Haines City, Florida

33844

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide Life changing skills and tools for a brighter and Stronger future, for individuals who are below the poverty threshold. Protecting, Teaching, and conditioning our children for the future. Helping the young parents be able to achieve these goals for their children. Ensuring that our seniors golden years will be truly Golden without undo stress. Helping to help people walk with their heads held High.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: in house vote

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LaRon Rodriguez Adams Owner Name and Title: \_\_\_\_\_

Address: 147 McKay Dr. Apt A Address: \_\_\_\_\_

Haines City, Fl. 33844

Owner

Name and Title: Casty Ja Lafonda Adams<sup>Chair</sup> Name and Title: \_\_\_\_\_

Address: 147 McKay Dr. Apt A Address: \_\_\_\_\_

Haines City, Fl. 33844

Chair

Name and Title: LaRon Rodriguez Adams<sup>Co Chair</sup> Name and Title: \_\_\_\_\_

Address: 147 McKay Dr. Apt A. Address: \_\_\_\_\_

Haines City Fl.

Co Chair

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Lahon Rodriguez Adams

Address: 147 McKay Dr. Apt A.

Haines City, FL 33844

**ARTICLE VII INCORPORATOR**

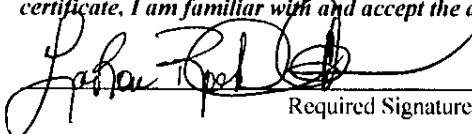
The name and address of the Incorporator is:

Name: Lahon Rodriguez Adams

Address: 147 McKay Dr. Apt A.

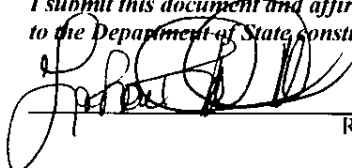
Haines City, FL 33844

*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

08/21/2015  
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.*

  
Required Signature of Incorporator

08/21/2015  
Date