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(City/State/Zip/Phone #)	08/26/1501007006 **78.75
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	IS SEP 18 PH 4: 19 NALLAHASSEE, FLORIDA
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COVER LETTER

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

SUBJECT:

RISE UP THROUGH INCORPORATED

(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

RISE UP THROUGH INCOPORPORATED FROM: BRINSOPPEONSULTANTS

Name (Printed or typed)

13453 NORTH MAIN STREET SUITE #506

Address

JACKSONVILLE, FLORIDA 32218

City, State & Zip

904 379-6309

Daytime Telephone number

CARLETHA@BRINSONLENHARDT.COM

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2015

RISE UP THROUGH INCORPORATION 13453 NORTH MAIN STREET STE 506 JACKSONVILLE, FL 32218

SUBJECT: RISE UP THROUGH INCORPORATION Ref. Number: W15000058286

We have received your document for RISE UP THROUGH INCORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 615A00018572

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLE I The name of the	ARTICLES In compliance with <u>NAME</u> corporation shall be:	-	S., (Not for Profit)	SECRETA	15 SEP I	
ARTICLE II 13453	PRINCIPAL OFFICE Principal <u>street</u> address: NORTH MAIN STREET #506 SONVILLE, FLORIDA 32218	Sam	Mailing address, if differente as principle address	SEE. FLORIDA	8 PH 4: 19	
to youth whose to develop into age youth in acc	<u>PURPOSE</u> which the corporation is organized is: to pr family financial and/or social structures ave productive members of the community. RL ademic enhancement, health care and nutriti to engage the youth family members in acti	ert them from reco IT approach cons on, creative arts,	ist of engaging elementary, mid prevention, and character-build	hat is neces Idle and hi	ssary for gh scho ies. The	r youth ol
parenting proce	SS.			The meth		
ARTICLE IV election of dire	MANNER OF ELECTION The manner ctors is as stated in the bylaws. INITIAL OFFICERS AND/OR DIRECTO		ctors are elected and appointed: _			
Address .	Carletha Brinson: Founder 13453 NORTH MAIN STREET #506 Jacksonville, Florida 32218	Name and Title: Address:	Daniel Brinson: Founder 13453 NORTH MAIN STREE Jacksonville, Florida 32218	T #506		
Name and Title:	Rev. Timothy Jones Sr.: Director	Name and Title:	Dr. Thomas Jones III: Director	-		

T

Name and Thu	5. <u></u>	Name and The	·		
Address	13453 NORTH MAIN STREET #506	Address:	13453 NORTH MAIN STREET #506		
	Jacksonville, Florida 32218		Jacksonville, Florida 32218		
Name and Title		Name and Title			
Address	13453 NORTH MAIN STREET #506	Address:			
	Jacksonville, Florida 32218				

Name and Title:	Nam	e and Title:
Address	,, Addı	ess:
Name and Title:	Nam	e and Title:
Address	Addr	ess:
		······································
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) B&L CORPORATION: A SUBSIDIARY O	F BRINSON CONSULTANT FIRM
Address:	13453 NORTH MAIN STREET #50	Document Number: P12000091320
	Jacksonville, Florida 32218	
	INCORPORATOR dress of the Incorporator is:	PH 19
Name:	B&L CORPORATION: A SUBSIDIARY O	
Address:	13453 NORTH MAIN STREET #50	96
	Jacksonville, Florida 32218	
Effective date, if c	EFFECTIVE DATE: other than the date of filing: 08/10/2015	(OPTIONAL) not be more than five business days prior or 90 business days
after the filing.)		
	inserted in this block does not meet the applicab ive date on the Department of State's records.	le statutory filing requirements, this date will not be listed as the
	ned as registered agent to accept service of pro amiliar with and accept the appointment as regis MINN	cess for the above stated corporation at the place designated in this tered agent and agree to act in this capacity $\frac{9}{15} - \frac{9}{15}$
	Required Signature of Registered Agent	Date
I submit this docu to the Department	ment and affirm that the facts stated herein are t of State constitutes a third degree felony as pro	true. I am aware that any false information submitted in a document vided for in s.817.155, F.S.

9/15/2015 Date