

N/5000009266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

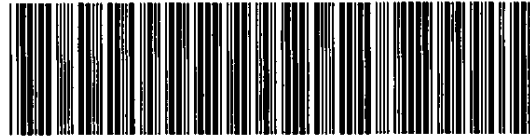
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300277117503

09/17/15--01012--014 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP 17 AM 9:59

09/24/15

COVER LETTER

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

SUBJECT: MAHOGANII READS 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

FROM: LEQUISHA UNDERWOOD
Name (Printed or typed)

1710 W GRACE ST
Address

TAMPA, FL 33607
City, State & Zip

8138421196
Daytime Telephone number

MAHOGANII@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: MAHOGANII READS INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1710 W GRACE ST TAMPA FL 33607

Mailing address, if different is:

15 SEP 17 AM 9:59

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROMOTE LITERACY IN THE COMMUNITY

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEQUISHA UNDERWOOD, CEO

Address: 1710 W GRACE ST
TAMPA FL 33607

Name and Title: KYLA UNDERWOOD, DIRECTOR

Address: _____

Name and Title: RALPH UNDERWOOD II, COO

Address: 1710 W GRACE ST
TAMPA FL 33607

Name and Title: _____

Address: _____

Name and Title: GAVIN UNDERWOOD, DIRECTOR

Address: _____

Name and Title: _____

Address: _____

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: LEQUISHA UNDERWOOD
Address: 1710 W GRACE ST
TAMPA, FL 33607

ARTICLE VII INCORPORATOR

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

Name: LEQUISHA UNDERWOOD
Address: 1710 W GRACE ST
TAMPA, FL 33607

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/9/2015. (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

LeQuisha K Underwood
LeQuisha K. Underwood Required Signature of Registered Agent

8/9/15
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.

LeQuisha K. Underwood
LeQuisha K. Underwood Required Signature of Incorporator

8/9/15
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP 17 AM 9:59