

N 15000010912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

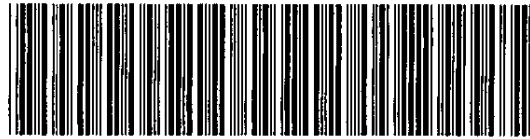
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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COVER LETTER

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

SUBJECT: UPLIFT, 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: SHANE NORTHROP, CPA
Name (Printed or typed)

13700 SIX MILE CYPRESS PKWY #2
Address

FORT MYERS, FL 33912
City, State & Zip

(239) 221-2488
Daytime Telephone number

shane@northropfinancial.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

October 22, 2015

SHANE NORTHROP, CPA
13700 SIX MILE CYPRESS PKWY #2
FORT MYERS, FL 33912

SUBJECT: UPLIFT, INC.
Ref. Number: W15000070222

We have received your document for UPLIFT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 815A00022441

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

UPLIFT INTERNATIONAL, INC

ARTICLE II PRINCIPAL OFFICE

Principal street and Mailing address is:

6900 Daniels Pkwy
Suite 29-288
Fort Myers, FL 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, after paying or making provisions for the payment of all the legal liabilities of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

The purpose of this corporation is to uplift sectors of society from orphans to adults with improved quality care, well-being and standard of living within India and other nations of the earth using charitable, religious, educational, medical and scientific means.

Improvements will include, but not be limited to, rescuing orphans and abandoned children, building childrens' homes, educational centers, schools, colleges, universities, medical clinics, hospitals, providing micro-business opportunities, aiding widows and elderly, counseling abused and hurting women, printing books, magazines and articles, supporting and starting local churches, supporting missionaries, providing training and support.

The Board of Directors of this corporation shall be committed to the oversight of the implementation and fulfillment of the stated purpose by raising support and funds for the stated vision.

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ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Mareena Mathai Ph.D., President

Address: 6900 Daniels Pkwy
Suite 29-288
Fort Myers, FL 33912

Name and Title: Rajimon Mathai, RPH, Vice President/Treasurer

Address: 6900 Daniels Pkwy
Suite 29-288
Fort Myers, FL 33912

Name and Title: Dr. Jessie Varghese Phillips, MD, Secretary

Address: 300 Lucille Ave
Elmont, NY 11003

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Northrop Financial Group, LLC

Address: 13700 Six Mile Cypress Pkwy.
Suite 2
Fort Myers, FL 33912

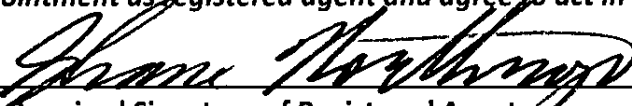
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shane Northrop, CPA

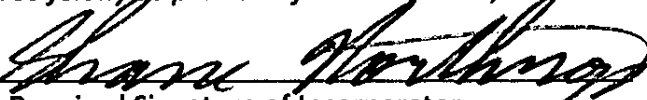
Address: 13700 Six Mile Cypress Pkwy.
Suite 2
Fort Myers, FL 33912

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

10/12/2015
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.


Required Signature of Incorporator

10/12/2015
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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