

N 1500001/259

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(Address)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: ENDLESS POSSIBILITIES LOVE CENTER, 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: SHAWON PAIGE
Name (Printed or typed)

1631 ROCK SPRINGS Rd Suite 312
Address

Apopka, FLORIDA 32712-2229
City, State & Zip

407-952-7866
Daytime Telephone number

shayesellers@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: ENDLESS POSSIBILITIES LOVE CENTER, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1631 ROCK SPRINGS Rd Suite 312
Apopka, Florida 32712-2229

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE THE NECESSARY LIFE SKILLS
TRAINING TO ENHANCE AND ENRICH THE LIVES OF ADULTS AND CHILDREN
OF THE COMMUNITY.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors
ARE ELECTED AT REGULAR MEETINGS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHAWN DAIG Name and Title: _____

Address 1631 ROCK SPRINGS Rd Suite 312 Address: _____
Apopka, FL 32712-2229
PRESIDENT / CHAIR

Name and Title: PAMELA TAPLEY Name and Title: _____

Address 1202 MADISON IVY Circle Address: _____
Apopka, FL 32712
VICE PRESIDENT

Name and Title: TARSHA WALLS Name and Title: _____

Address 1631 ROCK SPRINGS Rd #312 Address: _____
Apopka, FL 32712-2229
SECRETARY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 12 AM 8:12

APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
AND
FILED

15 NOV 12 AM 8:12

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: _____

SHAWON PAIGE

Address: _____

1631 ROCK SPRINGS RD SUITE 312
APOPKA, FLORIDA 32712-2229

ARTICLE VII INCORPORATOR

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

Name: _____

SHAWON PAIGE

Address: _____

1631 ROCK SPRINGS RD SUITE 312
APOPKA, FLORIDA 32712-2229

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: November 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.

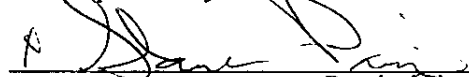
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

11/06/2015
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

11/06/2015
Date