

N15000011728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

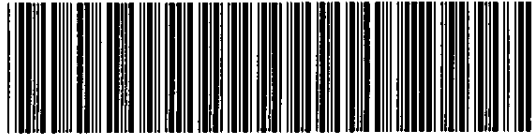
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APPROVED
AND
FILED
15 DEC 11 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
15 DEC 11 PM 4:42

DEC 11 2015

COVER LETTER

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

SUBJECT: Come Unite, 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: Aymbriana Campbell
Name (Printed or typed)

313 Gawain Ln
Address

Tallahassee, FL 32301
City, State & Zip

(850) 348-0689
Daytime Telephone number

aymbriana@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)

APPROVED
AND
FILED

15 DEC 11 PM 4:51

ARTICLE I NAME

The name of the corporation shall be: Come Unite, Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

313 Gawan Ln
Tallahassee, FL 32301

Mailing address, if different is:

313 Gawan Ln
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide community assistance to people and organizations through programs which use trainings and Seminars and other educational platforms in assisting people in areas of need.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Manner of election will be as stated in the by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aymbriana Campbell, President Name and Title: _____

Address: 313 Gawan Ln Address: _____
Tallahassee, FL 32301

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Aymbriana Campbell

Address: 313 Gawain Ln
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Aymbriana Campbell

Address: 313 Gawain Ln
Tallahassee, FL 32301

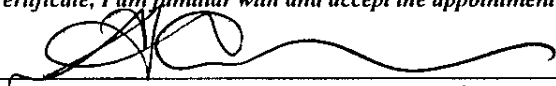
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/11/2015 (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

12/11/15

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.



Required Signature of Incorporator

12/11/15

Date