

N16000001544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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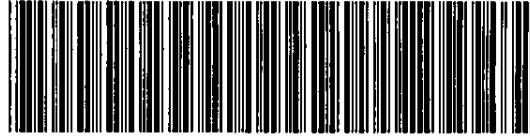
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

02/12/16

COVER LETTER

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

SUBJECT: Working on Rebuilding Communities, 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: Jonathan Lloyd Johnson

Name (Printed or typed)

461 Dominish Estates Dr

Address

Apopka, FL 32712

City, State & Zip

678-262-7657

Daytime Telephone number

jonathan.lloyd.johnson@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: Working on Rebuilding Communities, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6939 Seperone St

Orlando, FL 32819

Mailing address, if different is:

461 Dominish Estates Dr

Apopka, FL 32712

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

section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

See Attachment

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As per the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan Lloyd Johnson, Chair

Address: 461 Dominish Estates Dr
Apopka, FL 32712

Name and Title: Davion Walker, Secretary

Address: 5213 April Terrace
Winter Park, FL 32792

Name and Title: Jason Vanderpool, Treasurer

Address: 6939 Seperone St
Orlando, FL 32819

Name and Title: Arik Drummond, Director

Address: 6808 Pomeroy Cr.
Orlando, FL 32810

Name and Title: _____

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: Jonathan Johnson

Address: 461 Dominish Estates Dr
Apopka, FL 32712

ARTICLE VII INCORPORATOR

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

Name: Jonathan Johnson

Address: 461 Dominish Estates Dr
Apopka, FL 32712

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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

X [Signature]
Required Signature of Registered Agent

2-1-2016
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.

X [Signature]
Required Signature of Incorporator

2-1-2016
Date

FILED
16 FEB -3 PM 4:50
DEPT. OF STATE
TALLAHASSEE, FLORIDA