

N16000005865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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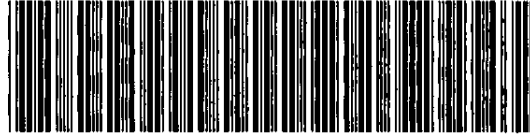
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

## COVER LETTER

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

**SUBJECT:** NETWORKING NONPROFIT, 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:** SHAWN MELLO

\_\_\_\_\_  
Name (Printed or typed)

2020 VERO SOUTH CIRCLE SW APT 1

\_\_\_\_\_  
Address

VERO BEACH, FL, 32962

\_\_\_\_\_  
City, State & Zip

772-202-8146

\_\_\_\_\_  
Daytime Telephone number

SHAWN1MELLO@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: NETWORKING NONPROFIT, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2020 VERO SOUTH CIRCLE SW APT 1  
VERO BEACH, FL, 32962

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: NETWORKING NONPROFIT, INC. WILL RAISE MONEY FOR FLORIDA  
GOVERNMENT AND OTHER NON-PROFIT INITIATIVES, WHILE ALSO CONNECTING NON-PROFIT ORGANIZATIONS  
BASED ON THEIR SIMILAR GOALS AND INTERESTS.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: By vote of directors.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SHAWN MELLO - DIRECTOR

Address: 2020 VERO SOUTH CIRCLE SW APT 1  
VERO BEACH, FL, 32962

Name and Title: ALICIA MELLO - DIRECTOR

Address:

Name and Title: CHRISTOPHER MILLER - DIRECTOR

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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SEAL OF THE  
STATE OF FLORIDA  
DEPARTMENT OF  
REVENUE

**EXEMPT PURPOSE:** Networking Nonprofit, Inc. is organized exclusively for charitable, religious, and educational 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. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the mission statement. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

**DISSOLUTION OF ASSETS:** Upon the dissolution 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.

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: Shawn Mello

Address: 2020 Vero South Circle SW APT 1

Vero Beach, FL, 32962

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE VII INCORPORATOR**

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

Name: Shawn Mello

Address: 2020 Vero South Circle SW APT 1

Vero Beach, FL, 32962

**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*

Shawn Mello

Required Signature of Registered Agent

05/31/2016

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.*

Shawn Mello

Required Signature of Incorporator

05/31/2016

Date