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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2016

CARLOS HUGHES PO BOX 13846 TAMPA, FL 33611

SUBJECT: OUTSIDE THE WALLS MISSION

Ref. Number: W16000042687

We have received your document for OUTSIDE THE WALLS MISSION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 816A00012332

www.sunbiz.org

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

ARTICLE I NAME The name of the corporation sha	ill be: Outside	the Vi	lalls ,	Mission	Almost	Missio,	Inc.
ARTICLE II PRINCIPAL	<u>OFFICE</u>						
	et address: Candy Blyd, 33611		PO Ba	ing address, if di ex 13844 Fl. 3	,		···
ARTICLE III PURPOSE The purpose for which the corp Nolistic method	oration is organized is: <u>To</u>	sente.	<i>our</i>	Connun	Hy Thra	.g.k	- -
ARTICLE IV MANNER O	F <i>ELECTION</i> The manner				Ja d	l'a.L	_
are initially aff	intel by the	President	and a Si	bsequently	by the	books of	d!rectors.
Name and Title: Waydia Address 4711 Oh	to Ave. Fla. 33616	Name and Titl Address:	4711 Tamp	Ohio Au Fla. 3.	e	-	
Name and Title: Mongly Address 3517	axton 4he.	Name and Title	e: Ramon 35,17 Tampy	n Thomps Paxton Fla, 331	Are SE 23 PH		·
Name and Title: Sazmin Address Taufa	Crowle - trustee 5 Shern'll St. Fl. 33616	Name and Title	e:			1120	

Name and Title:	: Na	me and Title:
Address	Ac	ldress:
-		
Name and Title:	: Na	me and Title:
Address	Ad	ldress:
-		
ARTICLE VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:
Name:	Carlos Highes	
Address:	4711 Ohio Ave.	<u> </u>
	Tamper, Fla. 33616	
	• /	
	<u>INCORPORATOR</u>	
The <u>name and a</u>	address of the Incorporator is:	
Name:	(arlos flughes	
Address:	4711 Ohio Ave	
	Tumpa, Fla. 33616	
ARTICLE VIII	EFFECTIVE DATE:	
	f other than the date of filing:	(OPTIONAL) unnot be more than five business days prior or 90 business days
after the filing.)		minor be more than five business days prior or 20 business days
	te inserted in this block does not meet the applic ective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Having been na certificate, I am	familiar with and accept the appointment as reg	(1/201/2
	Required Signature of Registered Age	nt Date
I submit this doc	cument and affirm that the facts stated herein a ent of State constitutes of third degree felony as p	re true. I am aware that any false information submitted in a document
Doparane	1. In the second section of the section	/// 201/
	Required Signature of Incorpora	tor Date