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#### **COVER LETTER**

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

SUBJECT: Above Diab		DRATE NAME – <u>MUST IN</u>	CLÜDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Art	icles 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:	RavinLawson		

Daytime Telephone number

ravinlawson4@gmail.com

405SanMarcosAve

Sanford,FI 32771

407-738-6248

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Name (Printed or typed)

Address

City, State & Zip

## Above Diabetes Inc. Certificate of Incorporation Attachment

#### ARTICLE III - PURPOSE

Above Diabetes Inc. is established to provide support with people living with diabetes and assist them in taking a more active role in improving their quality of life. We will sponsor and organize charitable events in various cities, offer healthy living programs, and challenge people to live above diabetes.

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No substantial part of the activities of the corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in, any political campaign on behalf of any candidate for public office.

Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

#### ARTICLE VIII- DISSOLUTION

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person.

The manner of distribution of assets in this Corporation's winding up is as follows:

Upon 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 state or local government for public purpose. Any such asset not so disposed of shall be disposed of by the Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purpose or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes.

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

ARTICLE I The name of the	NAME corporation shall be: Above Diabetesinc.		
ARTICLE II	PRINCIPAL OFFICE		
405S	Principal <u>street</u> address: anMarcosAve	Mailing address, if different is:	
Sanfo	ord,Fl 32771		
	PURPOSE which the corporation is organized is:	purposed Above Diabetedne-is to provide support or people with	
The pu	rpose of Albove D	iabetes Inc is to provide	
Support	for people wit	th diabetes and assist	
them	in taking a mo	re active role in	
	ng their quality		
	.9		
ARTICLE IV  OCOVIDE  ARTICLE V	MANNER OF ELECTION The manner  Of for in the bylo  INITIAL OFFICERS AND/OR DIRECTO		
Name and Title	RavinLawson,President	Name and Title:	
Address	405SanMarcosAve.	Address:	
•	Sanford,FI 32771		
Name and Title	RoderickLawson,Secretary	Name and Title:	
Address	405SanMarcosAve.	Address:	
	Sanford,FI 32771		
Name and Title	AshleeTurner,Treasurer	Name and Title:	
Address	2207Mitch CourtEast	Address:	
	Sanford,FI 32771		

Name and Titla:_		Name and Title:	
Address _			
<u></u>			
Name and Title:		Name and Title:	
Address		Address:	
	REGISTERED AGENT prida street address (P.O. Box NOT acce	ptable) of the registered agent is:	
Name:	RavinLawson		
Address:	405SanMarcosAve.		TALLAHASSEE FLORIDA
	Sanford,FI 32771		LAHASI
	INCORPORATOR dress of the Incorporator is:		Sa or End
Name:	RavinLawson		25 S
Address:	405SanMarcosAve.		**
	Sanford,FI 32771		
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific an	. (OPTION nd cannot be more than five bus	
	inserted in this block does not meet the aprive date on the Department of State's reco		ents, this date will not be listed as the
	ned as registered agent to accept service amiliar with and accept the appointment o		orporation at the place designated in this t in this capacity
	///		6/16/16
	Required Signature of Registered		Date
	iment and affirm that the facts stated her t of State constitutes a third degree felony		false information submitted in a documen
			6/16/16
1	Required Signature of Inco	rporator	Date

The foregoing By-Laws were adopted by the directors of:

### Above Diabetes Inc.

On the \_\_\_16\_\_\_ day of \_\_\_\_\_\_, 2016.

<u>Mariector</u> Kodovick U

- Kavin J. Lawson

Director dshlee Turner

SECRETARY OF STATE