

N/6000006771

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## COVER LETTER

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

SUBJECT: Takes One To Know One, 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: Racquell Perry  
Name (Printed or typed)

1345 NW 179 Terr  
Address

Miami Gardens, FL 33054  
City, State & Zip

(754) 201-2361  
Daytime Telephone number

racquell.perry@yahoo.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: Takes One To Know One, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1345 NW 179 Terr

Miami Gardens, FL 33056

Mailing address, if different is:

1345 NW 179 Terr

Miami Gardens, FL 33056

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide a quality living environment,  
life skills and educational assistance to our youth.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

Annually/Bylaws

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

Name and Title: Bacquell Perry/President Name and Title: Vanrossi Holder/VP

Address: 1345 NW 179 Terr Address: 1503 E. Humphrey St.  
Miami Gardens, FL 33056 Apt. A  
Tampa, FL 33607

Name and Title: Katia Wilson/Director Name and Title: Agnes Saint Preux

Address: 5520 Blue Jay Lane Address: 2778 SW 82nd Ave  
Tampa, FL 33625 Miramar, FL 33025

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: Racquell Perry

Address: 1345 NW 179 Terr

Miami Gardens, FL 33056

**ARTICLE VII INCORPORATOR**

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

Name: Racquell Perry

Address: 1345 NW 179 Terr

Miami Gardens, FL 33056

**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*

Racquell Perry, ESA  
Required Signature of Registered Agent

6/23/16  
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.*

Racquell Perry, ESA  
Required Signature of Incorporator

6/23/16  
Date