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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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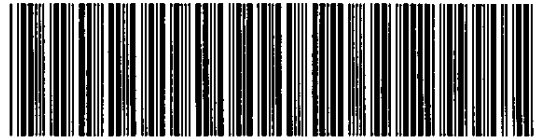
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*h* 09/28/16

## COVER LETTER

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

SUBJECT: LEAD 2 LEAN, Inc. (L2L)  
(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: Robert James Woodson  
\_\_\_\_\_  
Name (Printed or typed)

7443 Arthur Street  
\_\_\_\_\_  
Address

Hollywood, FL 33024  
\_\_\_\_\_  
City, State & Zip

(954) 260-2764  
\_\_\_\_\_  
Daytime Telephone number

rjwood@aol.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: LEAD 2 LEAN, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
7443 Arthur Street  
Hollywood, FL 33024

Mailing address, if different is:  
Same as Principal street address

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
LEAD 2 LEAN, Inc. is organized exclusively for charitable, educational, and artistic purposes in order to promote health education, social welfare, nutritional guidance and civic betterment in the community through cultural, physical, educational and informational activities; as specified in section 501(c)(3) of the Internal Revenue Code, 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.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: IN THE BYLAWS

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

Name and Title:	<u>Kelly Michelle Woodson, President</u>	Name and Title:	<u>Marie P. Woodson, Secretary</u>
Address	<u>7443 Arthur Street</u> <u>Hollywood, FL 33024</u>	Address:	<u>7443 Arthur Street</u> <u>Hollywood, FL 33024</u>
Name and Title:	<u>Robert Woodson, Vice-President</u>	Name and Title:	<u>Marie Noel Jean-Charles, Officer</u>
Address	<u>7443 Arthur Street</u> <u>Hollywood, FL 33024</u>	Address:	<u>143 N. E. 117th Street</u> <u>Miami, FL 33161</u>
Name and Title:	<u>Bradley Woodson, Treasurer</u>	Name and Title:	_____
Address	<u>7443 Arthur Street</u> <u>Hollywood, FL 33024</u>	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: Robert James Woodson  
Address: 7443 Arthur Street  
Hollywood, Fl 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marie P. Woodson  
Address: 7443 Arthur Street  
Hollywood, Fl 33024

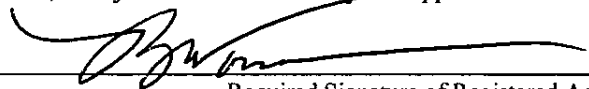
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: September 1, 2016 (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.)

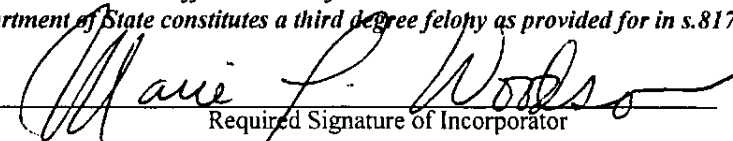
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature of Registered Agent

9/22/16  
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.*

  
Required Signature of Incorporator

9/22/16  
Date

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