

N1600009854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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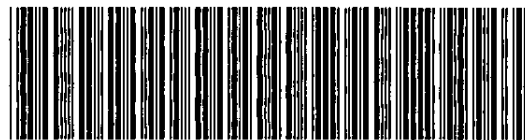
(Business Entity Name)

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TALLAHASSEE, FLORIDA  
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M. MOON

OCT -6 2016

## COVER LETTER

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

**SUBJECT:** Legend In The Making Community Outreach, 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:** Martesha D. Collins  
\_\_\_\_\_  
Name (Printed or typed)  
  
22215 SW 114th Court  
\_\_\_\_\_  
Address  
  
Miami, FL 33170  
\_\_\_\_\_  
City, State & Zip  
  
(786) 443-2945  
\_\_\_\_\_  
Daytime Telephone number

[marteshacollins@yahoo.com](mailto:marteshacollins@yahoo.com)

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

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TALLAHASSEE, FL 32314  
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**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: Legend In The Making Community Outreach, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
22215 SW 114th Court

Miami, FL 33170

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation is organized and operated exclusively for charitable,  
religious, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or corresponding  
sections of any future federal tax code(s). 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 corresponding sections of any future tax code, or  
shall be distributed to the federal government, or to state or local government, for a public public purpose.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors  
will be nominated and majority vote required of present members  
at the annual election meeting.

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

Name and Title: Michelle Williams, President

Address: 11865 SW 210 Terrace  
Miami, FL 33177

Name and Title: Martasha Collins, CEO

Address: 22215 SW 114th Court  
Miami, FL 33178

Name and Title: Martha McFadden, Vice President

Address: 22215 SW 114th Court  
Miami, FL 33170

Name and Title: Dwayne Thompson, Treasurer

Address: 14841 Harrison Street  
Miami, FL 33176

Name and Title: Aretha Collins, Secretary

Address: 10710 W Old Cutler Road  
Miami, FL 33170

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Martasha Collins  
Address: 22215 SW 114th Court  
Miami, FL 33170

16 OCT -6 AM 11:13  
STATE  
FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Martasha Collins  
Address: 22215 SW 114th Court  
Miami, FL 33170

**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*

Martasha Collins  
Required Signature of Registered Agent

10/2/2016  
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.*

Martasha Collins  
Required Signature of Incorporator

10/2/2016  
Date