Nº 1600009873

(Requestor's Name)			
(A.	dia>		
(Ac	Idress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	· #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

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10/07/16--01013--019 **87.50



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

ARTICLE I NAME The name of the corporation shall be:	· Perce, Love & Happiness Foundation
ARTICLE II PRINCIPAL OFFICE	In
Principal street address: 1965 SW Little Rd	Mailing address, if different is:
Lake City FL 32024	<u> </u>
The purpose for which the corporation is organized is: Ord homeless people get	help drug addicts get clean back on their feet.
ARTICLE IV MANNER OF ELECTION The man	nner in which the directors are elected and appointed: Special Meefing
Name and Title: Byand: Cleveland Skar	President 25 Name and Title:
Address 1965 SW Little Rd Cake City FL	Address:
Address 1965 SWhitte Rd	Address:
Lake City FL 32021	Name and Title:
Address	

Name and Title:	Name and Title:		
Address	Address:		
; *			
Name and Title:	Name and Title:		
Address	Address:		
ARTICLE VI RE	CISTEDEN ACENT		
	la street address (P.O. Box NOT acceptable) of the registered	agent is:	
Name:	Grandi Cleveland-Skaggs		
Address:	965 SW Little Rd W		
<u> </u>	ale City FL 32024		
ARTICLE VII INC	CORPORATOR		
	ss of the Incorporator is:		
Name:	Dranel Liveland Skogs		
Address:	9655W LittleKa		
Ì	ale City FL32024		
ARTICLE VIII EF		(OPTIONAL)	
(If an effective date	r than the date of filing: is listed, the date must be specific and cannot be more tha	(OPTIONAL) n five business days prior or 90 bi	usiness days
after the filing.)		the state of the self-state of	11.4.340
	erted in this block does not meet the applicable statutory filing date on the Department of State's records.	g requirements, this date will not be	listed as the
Having heen named	as registered agent to accept service of process for the above	ve stated corporation at the place d	lesignated in this
certificate, I am fami	liar with and accept the appointment as registered agent and	agree to act in this capacity	····
Sanli (Required Signature of Registered Agent	10-7-201	6
I submit this docume	nt and affirm that the facts stated herein are true. I am aware	e that any false information submitte	ed in a document
	State constitutes a third degree felony as provided for in s.817		
Jand	Required Signature of Incorporator	10-7-20 Date	ماد
	reduited Signature of Incorporator (1)	Date	