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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

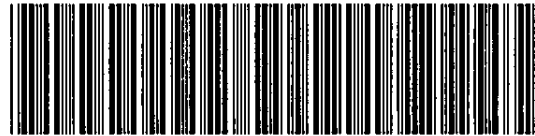
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*h* 11/22/16

**TO:** Internal Revenue Service

**FROM:** Bridget Washington-McKinney

**RE:** **DOCUMENT Identification Number:**  
**P16000090112**  
**FILED; NOV. 4, 2016**

Friday, November 4, 2016, I submitted an online FOR PROFIT application through the Irs.gov to start my new business venture; P-SWAP-Mentoring and Swim Organization, Inc. At the completion of my submittal, I later received a certified email certificate indicating For-Profit and It was my intent to submit as a Not-For-Profit Entity. Please note for the record that I dissolved the For-Profit Company and request that the name be released to be used as a Not-For-Profit Company effective November 14, 2016.

If any additional information is required, please do not hesitate to contact me. Please consider this letter in writing a request to release the name P-SWAP-Mentoring and Swim Organization, Inc. to be used and operated as a Not-for-Profit Company.

Respectfully submitted,

*Bridget McKinney*  
Bridget McKinney, Founder and CEO

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## COVER LETTER

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

**SUBJECT:** P-SWAP MENTORSHIP AND SWIM ORGANIZATION, 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:** BRIDGET MCKINNEY  
\_\_\_\_\_  
Name (Printed or typed)

2287 NW 72ND TERRACE  
\_\_\_\_\_  
Address

HOLLYWOOD, FL 33024 SUITE A  
\_\_\_\_\_  
City, State & Zip

754-400-1441  
\_\_\_\_\_  
Daytime Telephone number

PROFESSIONALS@P-SWAP.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: P-SWAP MENTORSHIP AND SWIM ORGANIZATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:  
20424 NW 8TH AVENUE

MIAMI, FL 33169

Mailing address, if different is:  
2287 NW 72ND TERRACE

HOLLYWOOD, FL 33024

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE MENTORSHIP AND SWIM PROGRAMS FOR YOUTH  
IN GREATER MIAMI, FL AND FT. LAUDERDALE, FL. THIS ORGANIZATION WILL FORM PARTNERSHIPS WITH  
BUSINESSES AND PROFESSIONAL ORGANIZATIONS; SCHOOL DISTRICTS, JUVENILE COURT SYSTEMS; FAITH-  
BASE ORGANIZATIONS; AND PARKS AND RECREATIONAL CENTERS. OUR GOAL IS TO FOSTER A COMMITMENT  
TO YOUTH THAT WILL PROMOTE HEALTH AND WATER SAFETY SKILLS, STRONG INTERPERSONAL SKILLS AND  
REASSERT A SENSE OF HOPE, CONFIDENCE AND ACCOMPLISHMENT IN OUR FUTURE LEADERS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS PROVIDED BY BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>BRIDGET MCKINNEY-PRESIDENT/CEO</u>	Name and Title: <u>STACEY MCKINNEY-VICE-PRESIDENT</u>
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Address: <u>2287 NW 72ND TERRACE</u>	Address: <u>2287 NW 72ND TERRACE</u>
<u>HOLLYWOOD, FL 33024 SUITE A</u>	<u>HOLLYWOOD, FL 33024 SUITE A</u>

Name and Title: <u>ANGELIQUE CLARK-CHAIR</u>	Name and Title: <u>MARY ROBERTS-VICE CHAIR</u>
Address: <u>20111 NW 15TH AVENUE</u>	Address: <u>16340 NW 37TH AVENUE</u>
<u>MIAMI, FL 33169</u>	<u>MIAMI, FL 33054</u>

Name and Title: <u>CHARLENE BURKES-SECRETARY</u>	Name and Title: <u>LARECHIA WASHINGTON-ROWE-TREASURER</u>
Address: <u>12160 NW 81ST TERRACE</u>	Address: <u>266 NE 47 TERRACE</u>
<u>MIAMI, FL 33147</u>	<u>DEERFIELD BEACH, FL 33442</u>

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: STACEY MCKINNEY

Address: 2287 NW 72ND TERRACE

HOLLYWOOD, FL 33024 SUITE A

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BRIDGET MCKINNEY

Address: 2287 NW 72ND TERRACE

HOLLYWOOD, FL 33025 SUITE A

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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 days prior or 90 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*

STACEY MCKINNEY  
Required Signature of Registered Agent

11/14/2016  
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.*

Bridget McKinney  
Required Signature of Incorporator

11/14/2016  
Date