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COVER LETTER

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

SUBJECT: Dare To Graduate, 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: Timmy Wimes
Name (Printed or typed)

1223 Cleveland Street
Address

Tallahassee FL 32310
City, State & Zip

(850) 345-2511
Daytime Telephone number

Lifeimpactnews@gmail.com
E-mail address: (to be used for future annual report notification)

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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: Dare To Graduate, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1223 Cleveland Street
Tallahassee, FL 32310

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to educate the young to
stay the course graduate to have purpose,
avoid poverty, crime etc...

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Through
voting process.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO/ Founder Name and Title: _____

Address: Timmy Wines Address: _____

1223 Cleveland St.
Tallahassee, FL 32310

Name and Title: Vice-president Name and Title: _____

Address: Cassandra Wines Address: _____

1223 Cleveland Street
Tallahassee, FL 32310

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Timmy Wines
Address: 1223 Cleveland St
Tallahassee, FL 32310

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ARTICLE VII INCORPORATOR

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

Name: Timmy Wines
Address: 1223 Cleveland St
Tallahassee, FL 32310

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

Timmy Wines
Required Signature of Registered Agent

1/13/2017
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.

Timmy Wines
Required Signature of Incorporator

1/13/2017
Date