

N 17 000000486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

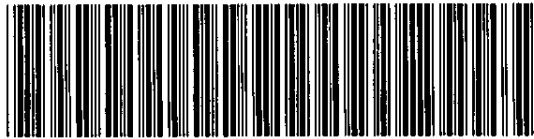
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

**Special Instructions to Filing Officer:**

Office Use Only



100294079121

FILED  
17 JAN 18 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/18/17--01009--001 \*\*87.50

17 JUL 19 AM 9:56  
SUFFOLK COUNTY, MA  
SUFFOLK COUNTY, MA

C. GOLDEN

JAN 18 2017

## COVER LETTER

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

SUBJECT: Humble After Homegoing, 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: Allyah Dean  
Name (Printed or typed)

262 Sundance dr.  
Address

Monticello, FL 32317  
City, State & Zip

(850)-322-7389  
Daytime Telephone number

allyahdean17@gmail.com  
E-mail address: (to be used for future annual report notification)

FILED  
17 JAN 18 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Humble After Homegoing, Inc. FILED

**ARTICLE II PRINCIPAL OFFICE**

17 JAN 18 AM 10:16

Principal street address:

262 Sundance dr  
Monticello, FL 32344

Mailing address, if different is: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to reach out to youth and help them  
overcome their traumatic experience. I also aim to build a  
family with the members of this organization, so we can  
depend on each other for grieving and support afterwards.  
Help with food, shelter, jobs placement and Counseling  
and education / tutoring.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Director  
the president will elected and appoint directors

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

Name and Title:	<u>Aiyah Dean</u>	Name and Title:	<u>President / director</u>
Address:	<u>262 Sundance dr</u> <u>Monticello, FL 32344</u>	Address:	<u>Same</u>

Name and Title:	<u>Jackie Carpenter</u>	Name and Title:	<u>Vice President</u>
Address:	<u>Director Asst.</u> <u>262 Sundance dr</u> <u>Monticello, FL 32344</u>	Address:	<u>Same</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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

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

FILED

17 JAN 18 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Alyah Dean

Address: 262 Sundance dr

Monticello, FL 32344

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alyah Dean

Address: 262 Sundance dr

Monticello, Florida 32344

**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*

Alyah Dean

Required Signature of Registered Agent

1/18/17

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.*

Alyah Dean

Required Signature of Incorporator

1/18/17

Date