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COVER LETTER

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

B.Y.O.L. M	otivation, Inc.				
	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)		
Enclosed is an original a	and one (1) copy of the Arti	cles 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 REQUIR				
FROM:	Travon Brown	(Drietad on trend)	_		
	Name (Printed or typed)				
	P.O. Box 900464				
	Address				
	Homestead, FL 33090				
	City, State & Zip				
	(786)650-5820				
	Daytin	ne Telephone number	_		
	tb@mylifemypower.org				

NOTE: Please provide the original and one copy of the articles.

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

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

Homester ARTICLE III The purpose for where ligious, education sections of any fut within the meaning	ture tax code(s). Upon dissolution	The corporation is the meaning of Section of the corporation, as the section of the corporation	Mailing address, if different is: O. Box 900464 Comestead, FL 33090 Organized and operated exclusively for charitable, on 501(c)(3) of the Internal Revenue Code or corresponding sections of any future tax code(s), or section of the content of
Homester ARTICLE III The purpose for where ligious, education sections of any fut within the meaning	ad, FL 33033 PURPOSE hich the corporation is organized is onal and scientific purposed within ture tax code(s). Upon dissolution g of Section 501(c)(3) of the Interr	The corporation is the meaning of Section of the corporation, as the section of the corporation	Mailing address, if different is: O. Box 900464 Comestead, FL 33090 Organized and operated exclusively for charitable, on 501(c)(3) of the Internal Revenue Code or correspondent sets shall be distributed for one or more exempt purposes
ARTICLE III The purpose for where ligious, education sections of any fut within the meaning	PURPOSE hich the corporation is organized is onal and scientific purposed within ture tax code(s). Upon dissolution g of Section 501(c)(3) of the International section 501(c)(3) of the International section 501(c)(3).	The corporation is the meaning of Section of the corporation, as that Revenue Code, or	organized and operated exclusively for charitable, on 501(c)(3) of the Internal Revenue Code or correspondents shall be distributed for one or more exempt purp
The purpose for where ligious, education sections of any fut within the meaning	hich the corporation is organized is onal and scientific purposed within ture tax code(s). Upon dissolution g of Section 501(c)(3) of the Interr	the meaning of Section of the corporation, as	on 501(c)(3) of the Internal Revenue Code or corresponders shall be distributed for one or more exempt purp
			corresponding sections of any future tax code(s), or
be distributed to th	ne federal government, or to state of	or local government, f	
		,	or a public purpose.
ARTICLE V II	vote required of members NITIAL OFFICERS AND/OR DIR aneysea Franklin, Pres.	RECTORS	Travon Brown CEO
Name and Title:	1740 NE 35th Ave.	Name and Tit Address:	1740 NE 35th Ave.
Homestead, FL 33033	omestead, FL 33033	Address:	Homestead, FL 33033
Food	elicia Broadnex, VP, Tres.	 Name and Tit	Tracy Sneed, Sec.
Address 28	534 SW 129th Place	Address:	121 NW 3rd Ave., Apt. 3
Homestead, FL 33033	omestead, FL 33033		Homestead, FL 33030
 		Name and Tit	le:
Address	·····	Address:	

Name and Title:		_ Name and Title:		
Address		_ Address:		
_	· , , , , , , , , , , , , , , , , , , ,		FIL	_
			2017 JAN 31	
_			SECHE WAY	WE STATE
Name and Title:		Name and Title:	WCENING SE	E. FLORIDA
Address _		_ Address:		
-		_		
_		<u> </u>		
	REGISTERED AGENT		al	
The <u>name and F</u>	lorida street address (P.O. Box NOT acco	eptable) of the registere	d agent is:	
Name:	Taneysea Franklin	· · · · · · · · · · · · · · · · · · ·		
Address:	1740 NE 35th Ave.	·····		
	Homestead, FL 33033			
ARTICLE VII The name and a	INCORPORATOR ddress of the Incorporator is:			
Name:	Travon Brown			
Address:	1740 N.E. 35th Ave.			
	Homestead, FL 33033			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if	other than the date of filing: late is listed, the date must be specific a	nd cannot be more th	. (OPTIONAL)	nrior or 90 husiness days
after the filing.)	_	nd thenot be more to	an irre business days	p 0. 70 545.4455 days
	e inserted in this block does not meet the a ctive date on the Department of State's rec		ng requirements, this da	ate will not be listed as the
certificate, I am	med as registered agent to accept service familiar with and accept the appointment	as registered agent and		
1 avery	Sla Frankling Required Signature of Registered	d Agent		1/17/2017 Date
	ument and affirm that the facts stated her		re that any false inforn	nation submitted in a document
	nt of State constitutes a third degree felony			
Tens	Required Signature of Inco			1/17/2017 Date
	Required Signature of Inco	rporator	·	Date