

N1700000/535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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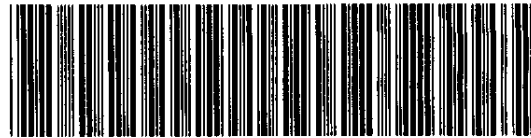
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 02/05/17

02/13/17

COVER LETTER

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

SUBJECT: ANGEL RAIN FOUNDATION, 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: ANGELA M. WALLER
Name (Printed or typed)

7831 SW CR 158
Address

JASPER, FL 32052
City, State & Zip

(571) 241-9591
Daytime Telephone number

angela.waller10@gmail.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: ANGEL RAIN FOUNDATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7831 SW CR 158

Mailing address, if different is:

Jasper, FL 32052-3915

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Through strategic partnerships, we craft and implement inspired programs for personal and community development. Our programs target inner city youth, female veterans, wounded warriors, seniors, the homeless and populations otherwise underserved.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors and officers are appointed for a period of four (4) years.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angela M. Waller

Address: Founder & CEO

31 Pickering Ct, #201
German town, MD 20874

Name and Title: Latrevis L. Stokes

Address: Vice President

31 Pickering Ct, #201
Germantown, MD 20874

Name and Title: Tared L. Taylor

Address: Director of Programs / CFO

26 N. 10th Street
Paterson, NJ 07522

Name and Title: Earlene Green

Address: Executive Assistant / Volunteer Coordinator

3939 Conshohocken Ave, #802
Philadelphia, PA 19131-5470

Name and Title: Arlene Green

Address: Events & Volunteer Coordinator

212 W. Godfrey Avenue
Philadelphia, PA 19120

Name and Title: Steven Waller

Address: Sgt. at Arms / Chaplain

1300 W. Jefferson St, #423
Philadelphia, PA 19122

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: Earlene Green
Address: 7831 SW CR 158
Jasper, FL 32052-3915

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angela M. Waller
Address: 31 Pickering Ct, #201
Germanatown, MD 20874

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 5, 2017. (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

Required Signature of Registered Agent

Angela M. Waller

1-30-2017

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.

Required Signature of Incorporator

Angela M. Waller

1-30-2017

Date