N17000001535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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

angelaWaller10@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)

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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
Jasper, FL 32052-3915

Mailing address, if different is:

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 under-served.

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
Germantown, MD 20874

Name and Title: Latrevis L. Stokes
Address: Vice President
31 Pickering Ct., #201
Germantown, MD 20874

Name and Title: Jared 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 Asst.
212 N. 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

Germantown, 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

_____ 1-30-2017

Required Signature of Registered Agent — Date

Angela M. Waller

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.

_____ 1-30-2017

Required Signature of Incorporator — Date

Angela M. Waller