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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2017

JUSTIN WRIGHT 3008 N.W. 48TH ST. FORT LAUDERDALE, FL 33309

SUBJECT: GUYANA CORPORATION

Ref. Number: W17000013092

We have received your document for GUYANA CORPORATION and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

KYLE D BRUMBLEY Regulatory Specialist II

Letter Number: 617A00002961

www.sunbiz.org

Division of Corporations P.O. ROY 6227 Tallahasson Florida 22214

COVER LETTER

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

SUBJECT:	Guxana C	Orporation Orate name – <u>Must In</u> e			
	(PROPOSED CORP	ORÁTE NAME – <u>MÚST IN</u>	CLUDE SUFFIX)		
Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:					
		_/	<u></u>		
\$70.00	3 \$78.75	▶ \$78.75	□ \$87.50		
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,		
	Certificate of	& Certified Copy	Certified Copy		
	Status		& Certificate		
		ADDITIONAL CO	PY REQUIRED		
					
	1 11 11	1.1			
FROM:	Justin Wri	me (Printed or typed)	-		

3008 N.W. 48th 5T Address

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

305.992.6272 Daytime Telephone number

Fort louderdale F1 33369 City, State & Zip

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 The name of the	NAME corporation shall be:	Corporation	<u>'^ </u>	
	PRINCIPAL OFFICE	r		
	Principal street address:		Mailing address, if different is:	
6	344 W Orkland Park Bird	<u> </u>		
F	ort lauderdale, FI			
	33313			
ARTICLE III				,
The purpose for	which the corporation is organized is: <u>To</u>	> help Gi	your out with funds	ond
help the	Kids that are less f	ortunate.		
				<u> </u>
	MANNER OF ELECTION The manne			
B	- OFFICE - CHIEFLY IN	The Th	cy will be voted	apon
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	O <u>RS</u>		
_				
Name and Title	: Denise leiten Secretary	Name and Title	: Favyona Clerk Treasurer	
Address	1880 NW 59 Way	_ Address:	1880 NW 59 Way	
	Sunrix Fl 33313	_	Suncise F) 33313	
		_		
Name and Title	: Justin Wright CEO	_ Name and Title	:	-
Address	3008 N.W. 48th ST	_ Address:		·
	Fort louderdale F1	_		7 FE
	33369	_	S HE	
Name and Title	e:	_ Name and Title	SEC	8
Address			F STATE ORID	AH
			NA (1)	05
			•	

Name and Title:		Name and Title:	
Address		Address:	
Name of the state		Name and Title	
		Name and Title:	
Address		Address:	
ARTICLE VI REG	ia street address (P.O. Box NOT acce	ptable) of the registered agent is:	
Name:		Justin Wright	
-	6344 w Oakland Park	•	
	Fort landerdale F-1 353		
-	FOFF IS DURY MALE 1-1 300		
ARTICLE VII IN	CORPORATOR ess of the Incorporator is:		
Name:	<u>Jostí</u>	n Wright	
Address:	63-14 W Daklord Park	Bird	
	Fort lauderdale F11 3:	3313	
ARTICLE VIII EI	FFECTIVE DATE:		
Effective date, if oth (If an effective date	er than the date of filing: is listed, the date must be specific an	(OPTIONAL) nd cannot be more than five days prior or	90 days after the filing.)
		pplicable statutory filing requirements, this	date will not be listed as the
document's effective	e date on the Department of State's rec	oras.	
Having been named certificate, I am fam	l as registered agent to accept service iliar with and accept the appointment	of process for the above stated corporation as registered agent and agree to act in this c	n at the place designated in this apacity
	wight Required Signature of Registerer		02/01/17 Date
	Required Signature of Registered	d Agent	Date
	ent and affirm that the facts stated her f State constitutes a third degree felony	ein are true. I am aware that any false info as provided for in s.817.155, F.S.	rmation submitted in a document
BHOHIN	Required Signature of Inco		<u>0210 j 17</u> Date
/ =000000	Required Signature of Inco		Date