## N17000002178

(Re	equestor's Name)	
/Δ	ddress)	
(71	udiess)	
(Ac	ddress)	
(C	ity/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> B	usiness Entity Nar	ne)
	ocument Number)	
(2		
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900295404909

02/17/17--01008--021 \*\*78.75

SECRETARY OF STATE ALLAHASSEE, FLORIDA

W17-014493

03/03/17



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2017

ARIELLE ROSE 7317 N.W. 57TH CT. TAMARAC, FL 33321

SUBJECT: CODESWITCH, INC Ref. Number: W17000014493

,,,

We have received your document for CODESWITCH, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 717A00003285

## **COVER LETTER**

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

	·	
(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Filing Fee & Certificate of Status	Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate
	ADDITIONAL CO	PY REQUIRED
Ariellle Rose		_
Na	me (Printed or typed)	
7317 NW 57th Ct		
	Address	_
Tamarac, FL 33321		
	City, State & Zip	_
954-734-0689		
Davt	ime Telephone number	_
	(PROPOSED CORP  and one (1) copy of the Ar  \$78.75 Filing Fee & Certificate of Status  Ariellle Rose  Na  7317 NW 57th Ct  Tamarac, FL 33321	Filing Fee & Certificate of Status  ADDITIONAL CO  Ariellic Rose  Name (Printed or typed)  7317 NW 57th Ct  Address  Tamarac, FL 33321  City, State & Zip  954-734-0689

arie7llerose@gmail.com

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)

ARTICLE I The name of the	NAME CodeSwitch, Inc e corporation shall be:					
ARTICLE II	PRINCIPAL OFFICE					
<b>33.5</b>	Principal street address:		Mailing address, if d	ifferent is:		
	NW 57th Ct	<del></del>				···
Tama	rac, FL 33321					
~						<u>-</u>
	PURPOSE or which the corporation is organized is: purposes under section 501(c)(3) of the ln		able, educational and eliminate deliminate d			· · · · · ·
	art of the net earnings of the corporation sh					
	er private persons, except that the Corpora					
	for services rendered and to make payment		<del> </del>			
dissolution of t	the Corporation, assets shall be distributed	for one or more ex	empt purposes within the m	eaning of sec	tion 5	01(c)(3)
of the Internal	Revenue Code, or shall be distributed to the	ne federal governm	ent or to a state of local gov	ernment, for	a publi	ic purpose
ARTICLE IV	MANNER OF ELECTION The mann	er in which the dire	otors are elected and appoin	as indicar	ted in	bylaw:
ARTICLETY	MANNER OF ELECTION THE HEALT	er in which the dife	ciors are elected and appoin	.eu:		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	TORS		7	_	
Name and Title	Janet Palmer, Secretary	Name and Title	Matt Kidd, Treasurer	E CRE	17 H.M	
Address	8208 Santa Monica Ave	Address:	6209 North Paulina	788 788	- \frac{1}{2}	==
	Tamarac, FL 33321		Floor 1		E	
		_	Chicago, IL 60660	LOR	9: 0	
Name and Title	Arielle Rose, Chief Executive Officer	Name and Title		DA DA	Ξ	
Address	7317 NW 57th Ct	Address:				
	Tamarac, FL 33321					
Name and Title	;					
Address						
		_		· <del>- ·- · · · · · · · · · · · · · · · · ·</del>		

Name and Title	:	Name and Title:		<del>_</del>
Address		Address:		_
				<del>-</del>
Name and Title:	•	_ Name and Title:		_
Address		Address:		
	REGISTERED AGENT  Torida street address (P.O. Box NOT according to the control of	eptable) of the registered a		17
Address:	7317 NW 57th Ct		<u> </u>	TAR .
	Tamarac, Fl 33321		No.	FILED ?-2 <b>A</b>
	INCORPORATOR  address of the Incorporator is:		ALLAHASSEE FLORIDA	AM 9:
Name:	Arielle Rose		RIOA	9: 02 SIAIF
Address:	7317 NW 57th Ct			
	Tamarac, FL 33321			
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific a			ter the filing.)
	te inserted in this block does not meet the a ctive date on the Department of State's rec		requirements, this date will not	be listed as the
Having been no certificate, I am	amed as registered agent to accept service familiar with and accept the appointment	of process for the above as registered agent and ag	stated corporation at the plac tree to act in this capacity	z designated in this
	(M)		02/07/20	<del></del>
I puhanje shin da.	Required Signature of Registered	•	Date	-
	cument and affirm that the facts stated her nt of State constitutes a third degree felony			nueg in a document
	MIRR		2/07/20	
	Required Signature of Inco	rporator	Dat	c

(attach additional sheets, if necessary). (Be specific)			
ARTICLE VIIII DISSOLUTION			
Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning			
of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be			
distributed to the federal government, or to a state of local government, for a public purpose.			

E. If amending or adding additional Articles, enter change(s) here: