# N1700006212

(Re	questor's Name)	
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Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	
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D O'KEEFE JUN 1 4 2017

# **COVER LETTER**

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

Children [ SUBJECT:	•	lopment and Education Funds Inc.			
	(PROPOSED CORPORATE	E NAME – <u>MUST INCLUI</u>	DE SUFFIX)		
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate		
FROM:	Brynne Rorke {Yippiekiyay Nonprofit Solution: FROM:				
Name (Printed or typed) 6295 Greenwood Plaza Blvd					
	Address				
	Greenwood Village, CO				
	City, State & Zip				
	anhona numbar	-			

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

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

support@heroes.do

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

	I PRINCIPAL OFFICE		
122	Principal <u>street</u> address: 20 Wildwood Lakes Blvd, Apt 304	Mailing address, if different is PO Box 1198	::
Na <sub>l</sub>	ples, FL 34104	Naples, FL 34105	
	for which the corporation is organized is:	o provide breakfast to children around the energy to focus in the classroom.	world who g
Additional	lly, please see attached.		
	V MANNER OF ELECTION The ed for in bylaws.	manner in which the directors are elected and appointed:	
as provide ARTICLE	v INITIAL OFFICERS AND/OR  Andre Coriolan	DIRECTORS	17
As provide ARTICLE	v INITIAL OFFICERS AND/OR  Andre Coriolan		17 JUN
As provide ARTICLE	MINITIAL OFFICERS AND/OR Andre Coriolan 1220 Wildwood Lakes Blvd Apt 304. Naples, FL 34104	DIRECTORS  Name and Title:	17 JUN 12
As provide ARTICLE	V INITIAL OFFICERS AND/OR  Andre Coriolan tle: 1220 Wildwood Lakes Blvd Apt 304. Naples, FL 34104  President	DIRECTORS  Name and Title:	17 JUN 12 AH
As provide ARTICLE Name and Tit	Andre Coriolan  1220 Wildwood Lakes Blvd Apt 304. Naples, FL 34104  President Annemarie Epinge	DIRECTORS  Name and Title:	17 JUN 12 MH 6:
ARTICLE  Name and Tit  Address	Andre Coriolan  Apt 304. Naples, FL 34104  President  Annemarie Epinge	DIRECTORS  Name and Title:  Address:	17 JUN 12 AH 6: 0
ARTICLE  Name and Tit  Address	Andre Coriolan  1220 Wildwood Lakes Blvd Apt 304. Naples, FL 34104  President Annemarie Epinge	DIRECTORS  Name and Title:  Address:	17 JUN 12 AH 6: 0
As provide  ARTICLE  Name and Tit  Address	Andre Coriolan  1220 Wildwood Lakes Blvd  Apt 304. Naples, FL 34104  President  Annemarie Epinge  1220 Wildwood Lakes Blvd	DIRECTORS  Name and Title:  Address:	17 JUN 12 AH 6: 0
ARTICLE  Name and Tit  Address  Name and Tit  Address	Andre Coriolan  1220 Wildwood Lakes Blvd  Apt 304. Naples, FL 34104  President  Annemarie Epinge  1220 Wildwood Lakes Blvd  Annemarie Flage  1220 Wildwood Lakes Blvd  Apt 304. Naples, FL 34104  Secretary/Treasurer  Marie-Anne Philidor	Name and Title:  Address:  Name and Title:  Address:	17 JUN 12 AH 6: 06
ARTICLE IT As provide  ARTICLE  Name and Tit Address  Name and Tit Address	Andre Coriolan  1220 Wildwood Lakes Blvd  Apt 304. Naples, FL 34104  President  Annemarie Epinge  1220 Wildwood Lakes Blvd  Annemarie Flage  1220 Wildwood Lakes Blvd  Apt 304. Naples, FL 34104  Secretary/Treasurer  Marie-Anne Philidor	DIRECTORS  Name and Title:  Address:	17 JUN 12 AH 6: 06

Name and Title:	Na	ime and Title:		<u>-</u>
Address _	Ac	idress:		_
-				_
Name and Title:	Na	nme and Title:		_
Address _	Ad	ldress:	<u> </u>	_
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-				_
ARTICLE VI	REGISTERED AGENT			
The <u>name and F</u> Name:	lorida street address (P.O. Box NOT acceptab Andre Coriolan	le) of the registered agent is:		
Address:	1220 Wildwood Lakes Blvd Apt 304			17
	Naples, FL 34104		***	7 JUN 12 61 60
ARTICLE VII	<u>INCORPORATOR</u>		 (	13 ···
The name and a	ddress of the Incorporator is:			
Name:	Andre Coriolan			
Address:	1220 Wildwood Lakes Blvd Apt	304	***	8
	Naples, FL 34104			
Having been na. certificate, I am	med as registered agent to accept service of p familiar with and accept the appointment as re	rocess for the above stated co gistered agent and agree to act	rporation at the place in this capacity	e designated in this
			Jun 2, 2017	
	Required Signature of Registered Age	ent	Date	
	ument and affirm that the facts stated herein a nt of State constitutes a third degree felony as p		alse information subm	itted in a document
cemen	•		Jun 2, 2017	
	Required Signature of Incorpora	ator	Date	

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Purpose and Dissolution Clause as required by IRS:

# Purpose Clause:

"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.

## Dissolution Clause:

"Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."