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COVER LETTER

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

Act To AC SUBJECT:				
	(PROPOSED CORPORATE	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	\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
Brynne Rorke {Yippiekiyay Nonprofit Solution: FROM:				
	Name (Printed or typed)			
	-			
	Greenwood Village, CO 80111			
City, State & Zip			-	
	303-747-4793			

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

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

Daytime Telephone number

madalynalvarez@gmail.com

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the	NAME Act To ACT Inc	2 .		
<u>ARTICLE II</u>	PRINCIPAL OFFICE			
180	Principal <u>street</u> address: 00 S Park Ave.		Mailing address, if different is:	
Sar	nford, FL 32771			

ARTICLE II				
To create	or which the corporation is organized is: _ city transformation through provi	ding resources	and education to the inner city	/
communiti			1 Type (/	<u> </u>
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			93.5	0
ARTICLE IN	ed for in bylaws.		e directors are elected and appointed:	
Name and Title	Kenneth Alvarez- President	Name and Title	Nora Rios- Treasurer	
Address	1800 S. Park Ave.	Address:	2226 Blossomwood Dr	_
	Sanford, FL 32771	Address:	Oviedo, FL 32765	- .
Nome and Tie	Madalyn Alvarez- Director	Nome and Title	Christopher LaBonte	_
Name and Title: Address	1800 S. Park Ave.	Name and Title	101 E Crystal View	-
	Sanford, FL 32771	Address:	Sanford, FL 32773	_
	•		Director	_
Mana 1 mm	Hiroko Heyliger-Vargas			_
Name and Titl	300 Sheoah Blvd # 604	Name and Title	:	_
Address	Winter Springs, FL 32708	Address:		_
	Secretary			

Name and Title:		Name and Title:	
Address		Address:	
_			
Name and Title:_		Name and Title:	
Address _		Address:	
_			
_			
ARTICLE VI	REGISTERED AGENT		
The name and FI	orida street address (P.O. Box NOT a	cceptable) of the registered agent i	s:
Name:	Kenneth Alvarez		
Address:	1800 S Park Ave		
	Sanford, FL 32771		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ad	dress of the Incorporator is:		
Name:	Kenneth Alvarez		
Address:	1800 S Park Ave		
	Sanford, FL 32771		
	ned as registered agent to accept servi amiliar with and accept the appointmen		ed corporation at the place designated in the oact in this capacity
Konnoth Alvar	rez		06/27/2017
	Required Signature of Registe	red Agent	Date
	iment and affirm that the facts stated h t of State constitutes a third degree felo		ny false information submitted in a docume s.S.
Konnoth Alva	rez		06/27/2017
	Required Signature of In	corporator	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."