N7 000 011 045

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Hame)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;
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COVER LETTER

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

BUBJECT:	TING ENTERPRISES INC.		
SUBJECT.	(PROPOSED CORP	ORATE NÂME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	nd one (1) copy of the Ar ■ \$78.75	ticles of Incorporation and	a check for:
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
	Status	ADDITIONAL CO	
ED (M.C.	JOHN A. AUNER		

City, State & Zip

954-981-8110

Daytime Telephone number

JAAUNER@ AOL.COM

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

2114 N. 32 AVENUE

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

Name (Printed or typed)

Address

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

ARTICLE I NAME

The name of the corporation shall be:

ILLUMINATING ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1010 NE 8th AVENUE, #35 DELRAY BEACH, FLORIDA 33483

Mailing address, if different is:

Same as Principal street address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

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 or local government, for a public purpose.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the Statement of Purpose hereof. The property of this corporation is irrevocably dedicated to 501(c)(3) exempt purpose(s) and no part of the net income or assets of this corporation shall ever inure to the benefit of any

director, officer, or member thereof, or to the benefit of any private individual.

No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed shall be:

As provided in the By Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

JOE SNIDER, DIRECTOR

Address:

1010 NE 8th AVENUE, #35

DELRAY BEACH, FLORIDA 33483

Name and Title:

COURTNEY SALAMONE, DIRECTOR

Address:

Address:

1010 NE 8th AVENUE, #35

DELRAY BEACH, FLORIDA 33483

Name and Title:

GWEN GARRETT, DIRECTOR 124 ORCHARD RIDGE LAND

BOCA RATON, FLORIDA 33431

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

JOE SNIDER

Address:

1010 NE 8th AVENUE, #35

DELRAY BEACH, FLORIDA 33483

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Address:	JOE SNIDER 1010 NE 8th AVENUE, #35 DELRAY BEACH, FLORIDA	33483	
at the place desi	med as registered agent to accept service gnated in this certificate. I am familiar w to act in this capacity.		
Required Signa	iture of Registered Agent	Date	
information sub	ocument and affirm that the facts stated omitted in a document to the Departmen s.817.155, F.S.		· .
Required Signa	iture of Incorporator	Date	

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

JOE SNIDER

Address:

1010 NE 8th AVENUE, #35

DELRAY BEACH, FLORIDA 33483

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.

Required Signature of Registered Agent

130/ 17

Required Signaturé of Registered Agent

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.

Required Signature of Incorporator

10/20/17 Date