## N17000011462

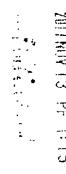
| (Requestor's Name)                      |
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|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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## **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)                                      |
|-----------------------|--|--------------------------------------|--|
| osed is an original a | and one (1) copy of the Ar                 | ticles 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 REOUIRED  |

| FROM: | MICHELLE BROWN  |  |  |  |
|-------|---|--|--|--|
|       | Name (Printed or typed)   |  |  |  |
|       | 5407 NW 89TH AVENUE   |  |  |  |
|       | Address   |  |  |  |
|       | SUNRISE, FL 33351   |  |  |  |
|       | City, State & Zip   |  |  |  |
|       | 954-393-8429  |  |  |  |
|       | Daytime Telephone number  |  |  |  |
|       | brownearth3@aol.com   |  |  |  |
| ļ     | E-mail address: (to be used for future annual report notification |  |  |  |

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

5111 KOV 13 FX 1:15

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

| ARTICLE I The name of t   | NAME the corporation shall be:                       | S, INC.         |   |  |
|---------------------------|--|-----------------|---|--|
|                           | PRINCIPAL OFFICE                                     |                 | ·   |  |
| 540                       | Principal <u>street</u> address:<br>7 NW 89TH AVENUE |                 | Mailing address, if different is:               |  |
| SUN                       | VRISE, FL33351                                       |                 |   |  |
|                           |  |                 |   |  |
| The purpose               |  |                 | NC. IS COMMITTED TO FIGHTING HUNGER             |  |
| EDUCATION                 | N INITIATIVES.                                       |                 | 201   |  |
|                           |  |                 | 4:00  |  |
|                           |  |                 | #. w  |  |
|                           |  |                 | ·   |  |
|                           | <u> </u>   |                 | * · · · · ·                                     |  |
| ARTICLE V                 | INITIAL OFFICERS AND/OR DIRE  MICHELLE BROWN/P       | CCTORS          | CATHY OPTIZATE                                  |  |
| Name and Title<br>Address | ile:   | Name and Title: | CATHY ORTIZ/VP                                  |  |
|                           | 5407 NW 89TH AVENUE  SUNRISE, FL 33351               | Address:        | 8070 N NOB HILL RD. APT. 107  TAMARAC, FL 33321 |  |
|                           |  |                 |   |  |
| Name and Title:           | LASHAINE DUBOSE/T                                    | Name and Title  | FAWSIA MUJAHID/S                                |  |
|                           | 4200 NW 888TH AVE. APT. 415                          | Address:        | 12262 NW 1ST STREET                             |  |
|                           | SUNRISE, FL 33351                                    |                 | PLANTATION, FL 33325                            |  |
|                           |  |                 |   |  |
| Name and Tit              | tle:   | Name and Title: |   |  |
| Address                   |  | Address:        |   |  |
|                           | <del> </del>   |                 | <del></del>                                     |  |

| Name and Title                      | Name and Title:   |                           |
|-------------------------------------|---|---------------------------|
| Address                             | Address:  | <del></del>               |
|                                     | · <del></del>   |                           |
| -                                   |   |                           |
| Name and Title                      | tle: Name and Title:  | <del></del>               |
| Address                             | Address:  | <del></del>               |
|                                     |   | <del></del>               |
|                                     |   |                           |
| ADTICLEVI                           | I DECISTEDED ACENT  |                           |
| The name and                        | d Florida street address (P.O. Box NOT acceptable) of the registered agent is:  |                           |
| Name:                               | MICHELLE BROWN  |                           |
| Address:                            | 5407 NW 89TH AVE.   |                           |
|                                     | SUNRISE, FL 33351   |                           |
|                                     |   |                           |
|                                     | II INCORPORATOR   |                           |
| The <u>name and</u>                 | d address of the Incorporator is:  MICHELLE BROWN   |                           |
| Name:                               |   |                           |
| Address:                            | 5407 NW 89TH AVE.   |                           |
|                                     | SUNRISE, FL 33351   |                           |
|                                     | III EFFECTIVE DATE:   |                           |
| Effective date,                     | e, if other than the date of filing: (OPTIONAL) we date is listed, the date must be specific and cannot be more than five days prior or 90 d  | lave after the filing )   |
| (                                   | to all the days prior of your   | ays after the hing.)      |
|                                     | date inserted in this block does not meet the applicable statutory filing requirements, this date value on the Department of State's records.   | vill not be listed as the |
|                                     |   |                           |
| Having been n                       | named as registered agent to accept service of process for the above stated corporation at t  | he place designated in    |
| cerujicate, i am                    | um familiar with and accept the appointment as registered agent and agree to act in this capaci   | ty                        |
|                                     |   | 1 /                       |
|                                     | Parity Circumstate Construction   | 10/9/17                   |
|                                     | Required Signature of Registered Agent  | 10/9/17<br>Date           |
| I submit this do                    | Required Signature of Registered Agent  document and affirm that the facts stated herein are true. I am aware that any false information ment of State constitutes a third degree felony as provided for in s.817.155, F.S. | Stee 1                    |
| I submit this do<br>to the Departme | document and affirm that the facts stated herein are true. I am aware that any false information ment of State constitutes a third degree felony as provided for in s.817.155, F.S.   | Stee 1                    |

| ArticleVIII   |
|---|
| 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.   |
| Article _IX   |
| Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of the 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 public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, |

In witness whereof, we have hereunto subscribed our names this 3 day of \_\_\_\_\_\_, \_\_2017.

which are organized and operated exclusively for such purposes.