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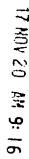
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T. SCOTT



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COVER LETTER

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

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00 Filing Fee

9 578 75 Filing Fee &

Certificate of

Status

□\$78.75

Filing Fee

□ \$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

301 W Driv AVE HAY

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

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

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

The name of	The corporation shall be: Secono Chance	e Alliance INC.	
<u>ARTICLE I</u>	I PRINCIPAL OFFICE		
	Principal street address:	Mailing address, if different is:	17
$ec{\mathcal{J}}$	1301 W UNIV AYE #80		NOV 2
G	soinesville, fi 32607		
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	III PURPOSE	J. 15	<u>"</u> 5
	e for which the corporation is organized is:	sist Oisable and	
hane	less individual transit	HON bour into societ	-1
	acciet bridging the gap		
	sing and education.		
	<u> </u>		
			<u> </u>
<u>ARTICLE I</u>	IV MANNER OF ELECTION The manner in which the	directors are elected and appointed:	<u> </u>
Ocien	experience and Education	and thus yote	
ARTICLE	V INITIAL OFFICERS AND/OR <u>DIRECTORS</u>		
Name and T	Title: Jereny Tres president Name and T	Title: CORA BRADRY Director	
Address	231 Evergreen way Address:	7301 W WIN AVE	
	stockbidge, GA 30281	Gainesvilk, &1 32607	
		AP1 * 80	
Name and 1	Pide: Tracy Hill Secretary Name and T	ride: Lake sha Robresmy Ass	n president
Address	1002 DE 194 PLACE Address:		
	Coinessille, fl 32609	Coureaville, 81 321211	
Name and T	Pitle: Tanikia Berry Trease Name and T	Title:	
Address	15215 Livingsun Ave Address:		
	——————————————————————————————————————		
	Tempa, A 33559		

Address: Name and Title:	Name and Title:	Name and Title:
Name and Title: Address Address: ARTICLE FI REGISTERED AGENT The name and Florida street address (P.O. Bos NOT acceptable) of the registered agent is: Name: Address: ARTICLE FII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: ARTICLE FII INCORPORATOR ARTICLE FII EFFECTIVE DATE: Effective date if other than the date of titing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept service of pracess for the above stated corporation at the place designated in this certificate. I am familiar with and accept the application as registered agent and agree to act in this capacity Required Signature of Registered Agent Is submit this document and affirm that the faces stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes with all degree felony as provided for in s.817.155. E.S.	Address	Address:
Name and Title: Address:		<u> </u>
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ARTICLE VI. REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE FII INCORPORATOR The name and address of the Incorporator is: Name: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document in the Department of State constitutes while degree felony as provided for in s.817,155, E.S.	Name and Title:	Name and Title:
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Name: Address: PSOL 14 UNIV AND USE 1891+ #80 Coincular Fl 32009 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: PSOL 14 UNIV AND HAD HAD COPTIONAL) Address: PSOL 14 UNIV AND HAD HAD COPTIONAL) (If an effective date, if other than the date of filing:		
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The name and address of the Incorporator is: Name: Address: Paol LL DAVE HOLDER Address: Paol LL DAVE HOLDER Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 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, E.S.		Gainewille, Fl 32609
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to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Jan	Required Signature of Registered Agent Date
11-11-12	I submit this docum	ent and affirm that the facts stated herein are true. I am aware that any false information submitted in a docume
Required Signature of Incorporator Date		Share Committation as printing as printing for in \$,817.155, P.S.
	Joan	Required Signature of Incorporator Date