

N17000011762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

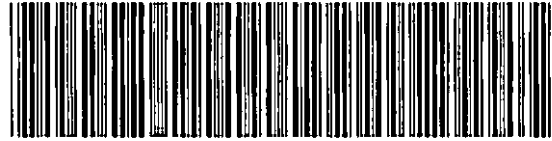
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

NOV 28 2017



900305654119

11/18/17--01026--010 **78.75

FILED
17 NOV 27 PM 3:21
NOT RECORDED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2017

ROSA ALVAREZ
5717 PENINSOLAR DR
BELLE ISLE, FL 32809

SUBJECT: THE X FOUNDATION
Ref. Number: W17000092080

FILED
17 NOV 27 PM 3:21

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for THE X FOUNDATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 817A00023398

RECEIVED
BUREAU OF COMMERCIAL
INFORMATION SERVICES

17 NOV 27 PM 2:12

RECEIVED

COVER LETTER

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

17 NOV 27 PM 3:21

SUBJECT: The X Foundation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles 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 COPY REQUIRED

FROM: Rosa Alvarez
Name (Printed or typed)

5717 Peninsula Dr
Address

Belle Isle, FL 32809
City, State & Zip

321-295-1264
Daytime Telephone number

Argonne Ave@gmail.com
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)

ARTICLE I NAME

The name of the corporation shall be: The X Foundation Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5717 Peninsular Dr.
Belle Isle, FL 32809

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To educate and disseminate information to the public
to help reform and improve the lives of women
and minorities

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By majority
vote of the existing officers and or directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Loyses Camarena, Director</u>	Name and Title: <u>Ashley Gilger, Director</u>
Address: <u>2618 Huntington Ct.</u> <u>Kissimmee, FL 34743</u>	Address: <u>5816 Hurlocker Bridge Dr.</u> <u>Islande, FL 32829</u>

Name and Title: <u>Karla Velazquez, Director</u>	Name and Title: <u>Rosa Alvarez, Director</u>
Address: <u>12846 Fish Lane</u> <u>Clermont, FL 34711</u>	Address: <u>5717 Peninsular Dr.</u> <u>Belle Isle, FL 32809</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

17 NOV 27 PM 3:21
FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Scott Rest, Esquire
Address: South Milharson
1000 Legion Pl. #1200, Orlando, FL 32801

17 NOV 27 PM 3:21
RECEIVED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rosae Alvarez
Address: 5717 Peninsular Dr.
Belle Isle, FL 32809

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Nov. 10, 2017 (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

Scott Rest
Required Signature of Registered Agent

11/10/2017
Date

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.

Rosae Alvarez
Required Signature of Incorporator

11-10-2017
Date