## N1800000320

| (Re                     | equestor's Name)   | <del></del> |
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K. Brumbley

## **COVER LETTER**

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

| pration and a check for:                         |
|--|
| <b>□</b> \$87.50                                 |
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Address

The Villages, Fl 32163

City, State & Zip

352-256-0601

Daytime Telephone number

kiphabykip@aol.com

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

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

| •                        |  | S OF INCORI<br>h Chapter 617, F.                       | PORATION S., (Not for Profit)                          |                 | 2008<br>2008     | 18                |             |
|--------------------------|--|--|--|-----------------|------------------|-------------------|-------------|
| ARTICLE I The name of th | NAME  e corporation shall be:  | s, Inc   | 1  |                 | AHAS             | S-NVF             | ;<br>;      |
| ARTICLE II               | PRINCIPAL OFFICE   |  |  |                 | E C              | _0<br><del></del> | 1           |
| 3345                     | Principal <u>street</u> address:<br>Overland Terrace   |  | Mailing address, if                                    | different is:   | 180018<br>1818 3 | 円<br>第<br>15      | C           |
| The V                    | /illages 32163 F   |  |  |                 | 17.0             |                   | <u>-</u>    |
| Notwithstandin           | or which the corporation is organized is:  The ming of Section 501(c)(3) of the Internal Re any other provision of these articles, this  | venue Code or the                                      | corresponding provision<br>not carry on any activities | of any future l | law of the       | Unite             | ed!         |
| income tax unc           | der Section 501(c)(3) of the Internal Revenu   | e Code or the cor                                      | responding   |                 |                  |                   |             |
|                          | the Corporation shall be to help youth of all develop the qualities needed to become respondent of the manner of the control of the manner of the control of | onsible citizens a<br>r in which the dire<br>By - 1 CU | nd leaders,  |                 |                  |                   | _<br>_<br>_ |
| Name and Title           | Kipp Hayes. Founder CEO  | Name and Title   | Verneil Brown - Mer                                    | nber            |                  |                   |             |
|                          | 3245 Overland Terr   |  | 11196 Olson Lane                                       | <del></del>     |                  |                   |             |
|                          | The Villages, FI 32163   | _ //40/033.  | Oxford, F! 34484                                       |                 |                  |                   |             |
| Name and Title           | Chad Prilliman Member  | Name and Title:  | Anthony Hodge Vice Pres                                | eident          |                  |                   |             |
| Address 3                | 3807 Peppertree Lane #1307   | _ Address:   | 44833 Longfellow A                                     |                 |                  |                   |             |
|                          | Wildwood, Florida 34785  |  | Temecula, CA 929                                       | 592             |                  |                   |             |
| Address 130              | Reoshayes Hayes Treasurer  | Name and Title:  Address:                              |  |                 |                  |                   |             |
|                          | 1300 Blue Cahill Lane  |  |  |                 |                  |                   |             |
|                          | Oviedo, Florida 32817  |  |  | ·               |                  |                   |             |
|                          |  |  |  |                 |                  |                   |             |

| 09 18. 03:49p      | Fenney Grill                                 |  | 3523300 <mark>9</mark> 79                                | p.5                     |
|--------------------|--|--|--|-------------------------|
| •                  |  |  |  |                         |
| Name and Title     | ::   | Name and Title:  |  | ·                       |
| Address            |  |  |  |                         |
|                    | <u></u>                                      |  |  |                         |
|                    |  |  |  | <del></del>             |
| Name and Title     | e.   | Name and Title.  |  | <del></del>             |
| Address            |  | Name and Title:  |  |                         |
| 1100.033           |  | Address:   |  |                         |
|                    |  |  |  | <del></del>             |
|                    |  |  |  |                         |
| ARTICLE VI         | BECIETEDED ACCOUNT                           |  |  |                         |
|                    |  | NOT acceptable) of the registered age:   | nt is:   |                         |
| Name:              | Kipp Hayes                                   |  |  |                         |
| Address:           | 3345 Overland Terr                           |  |  |                         |
|                    | The Villages, Ft 32                          | 163  |  |                         |
| ARTICLE VII        | INCORPORATOR address of the Incorporator is: |  |  |                         |
| Name:              | Kipp Hayes                                   |  |  |                         |
| Address:           | 3345 Overland Terr                           |  | i  |                         |
|                    | The Villages, FI 321                         | 63   |  |                         |
| ARTICLE VIII       | EFFECTIVE DATE:                              |  | Ì  |                         |
| Effective date, it | other than the date of filing.               | (OP  | ΠΟΝAL)   |                         |
| (11 an enective    | date is listed, the date must be s           | pecific and cannot be more than fiv  | e days prior or 90 days afte                             | r the filing.)          |
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| document's effec   | ctive date on the Department of S            | tate's records.  | uirements, this date will not b                          | e listed as th          |
| Having been no     | med as registered against to second          | ot coming affects  |  |                         |
| certificate, I am  | familiar with and accept the appo            | of service of process for the above sta<br>intment as registered agent and agree | ited corporation at the place<br>to act in this capacity | designated i            |
| K£                 |  |  | 12/3/201   | 7                       |
|                    | Required Signature of I                      | Registered Agent   | 12, 5/201<br>Date  | <u> </u>                |
| I submit this doc  | ument and affirm that the facts s            | tated herein are true. I am aware that   | any false information submi                              | i <b>ne</b> d in a dori |
| an vepariner       | of sime constitutes a third degr             | ee felony as provided for in s.817.155,  | F.S.   |                         |
| £                  | Required Signal                              |  | 12/3/201   | 7                       |
|                    | Required Signature                           | of incorporator  | Date   | <del></del>             |