

NIS 2238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

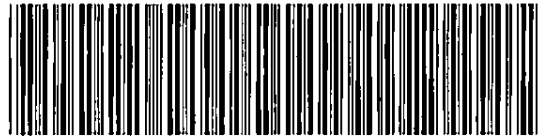
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DEPARTMENT OF STATE
18 MAR -1 PM 12:28

FILED
2018 MAR -1 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Transform Eternal Led Life, Inc.
(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: Theresa Oquendo
Name (Printed or typed)

4378 Cool View Dr
Address

Tallahassee, FL 32303
City, State & Zip

(850) 999-9508
Daytime Telephone number

thmo4u@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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

Global

ARTICLE I NAME

The name of the corporation shall be: Transform Eternal Led Life, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4378 Cool New Dr
Tallahassee, FL 32303

Mailing address, if different is:

4378 Cool New Drive
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Created to allow people who are afraid
to talk to call and get assistance/help.
Restore, assist, act as liasion to help get
the assistance. Mostly geared towards
children or those who are broken.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As provided in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Theresa Ogundo, President Name and Title: _____

Address: 4378 Cool New Dr Address: _____
Tallahassee, FL 32303

Name and Title: Trenton Elmore, Vice President Name and Title: _____

Address: 4378 Cool New Dr Address: _____
Tallahassee, FL 32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Theresa Ogundo

Address:

4378 Cool View Dr

Tallahassee FL 32303

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Theresa Ogundo

Address:

4378 Cool View Dr

Tallahassee, FL 32303

ARTICLE VIII EFFECTIVE DATE:

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

Theresa Ogundo
Required Signature of Registered Agent

3/1/2018
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.

Theresa Ogundo
Required Signature of Incorporator

3/1/2018
Date