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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MenTie Inc. NFP

(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: Linton Atkinson

Name (Printed or typed)

2465 River Ridge Drive

Address

Orlando, FL 32825

City, State & Zip

(321)-315-8765

Daytime Telephone number

linton222@yahoo.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: MenTie Inc. NFP

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2465 River Ridge Drive

Orlando, FL 32825

Mailing address, if different

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide remediation, social, communication and conflict resolution skills that will equip our youth to handle social responsibilities.

To provide training and guidance to youth and adult mentors in the wider society, especially in schools and colleges.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Linton Atkinson - President/CEO

Address: 2465 River Ridge Drive
Orlando, FL 32825

Name and Title: Rohan Jowallah - Vice President

Address: 10329 Belfry Circle
Orlando, FL 32832

Name and Title: Tom Traub - Treasurer

Address: 9993 Aloma Bend Lane
Oviedo, FL 32765

Name and Title: Clarence Brookins - Secretary

Address: 3183 Rodrick Circle
Orlando, FL 32824

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Linton Atkinson
Address: 2465 River Ridge Drive
Orlando, FL 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Linton Atkinson
Address: 2465 River Ridge Drive
Orlando, FL 32825

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

Required Signature of Registered Agent 2/18/18
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.

Required Signature of Incorporator 2/18/18
Date