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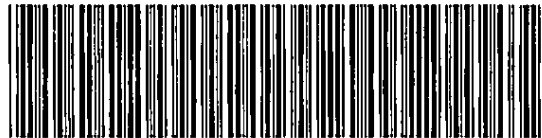
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: For Her Him and Them 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: Adrain Rogers

Name (Printed or typed)

3332 S Semoran Blvd Apt 15

Address

Orlando, FL 32822

City, State & Zip

4078861696

Daytime Telephone number

forherhimthem@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: For Her Him and Them INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3332 S Semoran Blvd Apt 15

Orlando, FL 32822

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Community outreach to help inform and inspire women going through breast cancer. Our goal is to give new developing information, health tips, and to encourage women to stay strong no matter what. Another purpose of the organization is to help men and children deal and better equip them with ways to take their minds off watching a loved one fight for their life; also if they are dealing depression or anxiety. By doing fund-raisers and charity work the organization plans to assist women that are battling breast cancer and caregivers with funds to cover small bills. We will also be raising money for school supplies for kids.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: annual election

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adrain Rogers /Director

Address: 3332 S Semoran Blvd Apt 15

Orlando, FL 32822

Name and Title: _____

Address: _____

Name and Title: Christa Terrell /Director

Address: 3332 S Semoran Blvd Apt 15

Orlando, FL 32822

Name and Title: _____

Address: _____

Name and Title: Stephanie Sanderson /Director

Address: 2815 Barbara Dr

Huntsville, AL 35816

Name and Title: _____

Address: _____

2018 APR 25 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

-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: Adrain Rogers

Address: 3332 S Semoran Blvd Apt 15

Orlando, FL 32822

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Adrain Rogers

Address: 3332 S Semoran Blvd Apt 15

Orlando, FL 32822

ARTICLE VIII EFFECTIVE DATE: 4/20/2018

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

Adrain Rogers

Required Signature of Registered Agent

4/19/2018

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.

Adrain Rogers

Required Signature of Incorporator

4/19/2018

Date