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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: Lewis Referral Agency Corp.
(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: Yolanda Faye Lewis
Name (Printed/or typed)

4207 St Augustine Road
Address

Monticello Fl, 32344
City, State & Zip

1-888-331-0644
Daytime Telephone number

YLewis805@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: Lewis Referral Agency Corp.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
4207 St Augustine Rd
Monticello FL, 32344

Mailing address, if different is:
Same

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To referral individuals with experiencing problems relating to substance, sexual, mental, elderly and youth abuse. Also provide individuals referrals to out reach agencies for help in the big bend areas. The other fields This agency will referral parents to parenting counseling, educational workshops. To help individuals receive the help need to restore them to a healthy lifestye

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The manners according to the bylaws the directors are elected and appiomted.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President
Name and Title: Lt Silas Lewis
Address: 4395 Coolview Drive
Tallahassee FL
32303

Vice President
Name and Title: Elder Carrie Holton
Address: 722 Bend Street
Tallahassee Fl,
32304

Director
Name and Title: Rev Peter Lawson
Address: 291 Rosalie Drive
New Braunfel Texas
78130

Director
Name and Title: Renalda Brinson Apt a
Address: 1530 Live Oak Drive
Tallahassee Fl, 32301

Director
Name and Title: Cussie Nesmith
Address: 5631 Lunker Ln
Tallahassee Fl
32301

Director
Name and Title: Shatavia Roberts
Address: 4203 St Augustine Road
Monticello Fl
32344

director

Name and Title: Latrice Harville

Address 1119 Mt Sinai
Tallahassee Fl
32301

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: Yolanda Faye Lewis

Address: 4207 St Augustine Road
Monticello. Fl, 32344

ARTICLE VII INCORPORATOR

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

Name: Yolanda Faye Lewis

Address: 4207 St Augustine Road
Monticello Fl, 32344

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

Yolanda Faye Lewis — Required Signature of Registered Agent

6/8/18 — 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.

Yolanda Faye Lewis — Required Signature of Incorporator

6/8/18 — Date