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(Business Entity Name)

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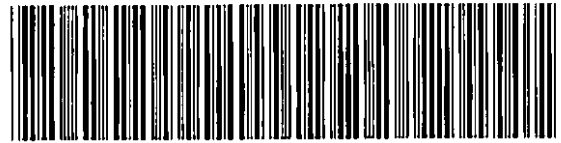
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SECRETARY OF STATE  
ST. CHARLES

## COVER LETTER

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

SUBJECT: LIFTINGUP, 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: Kelly Munro  
Name (Printed or typed)

6713 Donerail Trail  
Address

Tallahassee FL 32309  
City, State & Zip

404-578-0709  
Daytime Telephone number

Kmunro59@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:

LIFTing UP, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6713 Donerail Trail

Tallahassee, FL

32309

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Financial Assistance

Guidance, advice, support and friendship for those re-entering society after incarceration, rehabilitation, divorce or trauma. An organization that will help "LIFT UP" those who need a second chance to positively contribute to society.

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

nominated and voted in

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Kelly K. Munro

Name and Title:

Jeffrey J. Hittinger

Address:

President

Address:

Vice-President

6713 Donerail Trail

6713 Donerail Trail

Tallahassee FL 32309

Tallahassee, FL 32309

Name and Title:

Jeffrey J. Hittinger

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

SECRETARY OF STATE  
JULIA A. HARRIS, CLERK

2010 JUN 19 AM 11:05

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:

Kelly K. Munro

Address:

6713 Donerail Trail  
Tallahassee, FL 32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Jeffrey J. Hittinger

Address:

6713 Donerail Trail  
Tallahassee, FL 32309

**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

Kelly K. Munro  
Required Signature of Registered Agent

6/18/18  
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.

Jeffrey J. Hittinger  
Required Signature of Incorporator

6/19/18  
Date