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COVER LETTER

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

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

Tallahassee, FL 37308
City. State & Zip

850 - 459 - 6017 Daytime Telephone number

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)

Mailing address, if different is:	
o people who can't help themselves. Evithin the community in areas Ecotion and health.	
e directors are elected and appointed:	
Title: Statistic HASSET	
Title:	
Title:	

Name and Title:_		Name and Title:		_	
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	REGISTERED AGENT				
The name and Fl	orida street address (P.O. Box NOT acce		stered agent is:	21	<u> </u>
Name:	Jermaine A. Sims, Sr.		5		
Address:	1631 ospray Possite Dr				<u> </u>
	1631 ospray Brite Dr. Tallahassee FL 32308			15 SEC. 10	ō F
				TH. 12	
	INCORPORATOR				<u></u>
The <u>name and ad</u>	dress of the Incorporator is:			19 3	သ က
Name:	Jermaine A. Sins, Sr.			-	
Address:	1631 Osprey Pointe Dr. Tallahussee FL 32308				
t	Tallahuser FL 32308	·		-,;+	
ARTICLE VIII	<u>EFFECTIVE DATE:</u>				
	other than the date of tiling:ate is listed, the date must be specific ar			er the filin	g.)
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	inserted in this block does not meet the apive date on the Department of State's reco		filing requirements, this date will not	be listed as	s the
	ned as registered agent to accept service amifiar with and accept the appointment a			e designate	ed in this
			711812	2018	
	Required Signature of Registered	Agent			-
	iment and affirm that the facts stated here t of State constitutes a third degree felony			nitted in a o	locument
	Ins		7/16/	2018	
	Required Signature of Incom	porator		e	

88.00