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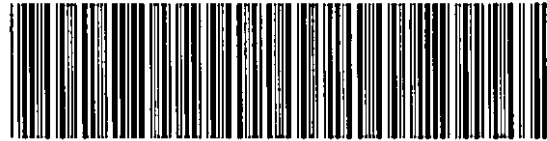
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

COVER LETTER

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

SUBJECT: The Auric foundation, 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: Justin Edwards
Name (Printed or typed)

6615 Deeb Street Apt. 2
Address

Port Richey, FL 34668
City, State & Zip

727-364-1748
Daytime Telephone number

pfljdc@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: The Auric Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

6615 Deeb Street Apt. 2

Port Richey, FL 34668

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Auric Foundation, Inc. provides aid, services, and support to struggling nonprofit organizations and small businesses.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected and appointed at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 26 AM 11:17

11111111

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: Justin Edwards

Address: 6615 Deeb Street Apt. 2
Port Richey, FL 34668

ARTICLE VII INCORPORATOR

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

Name: Kendra Edwards

Address: 6615 Deeb Street Apt. 2
Port Richey, FL 34668

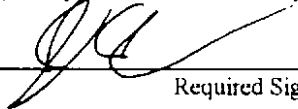
ARTICLE VIII EFFECTIVE DATE:

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

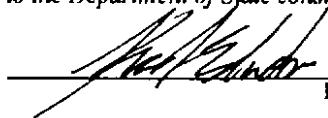


Required Signature of Registered Agent

9/20/2018

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.



Required Signature of Incorporator

9/20/2018

Date