1207509

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FLORIDA PROFIT/NON PROFIT CORPORATION

From Soul Pieces to Soul Peace Inc

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Electronic Filing Menu

Corporate Filing Menu

Help

:727

P.002/003 # 1/ 2

Tc:918005035868

ARTICLES OF INCURPORATION In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE II		
	PRINCIPAL OFFICE	
1734	Principal <u>street</u> address: 3 Mint Leaf LN	Mailing address, if different is: 17343 Mint Leaf LN
	O Lakes, FL	Land O Lakes, FL
3463		34638
	<u>PURPOSE</u> or which the corporation is organize	Hosting self help seminars
the barbose v	or wither the corbotation is organize	
ARTICLE IV	MANNER OF ELECTRON	The manner in which the directors are elected and appointed:
4 W/WI err er es	DESCRIPTION AND ADDRESS AND ADDRESS AND ADDRESS ADDRES	Minorano
ARTICLE V	INTITAL OF FICERS ANDIOR	•
	e: Latenja Timmons,	•
		•
Name and Tit	e: Latenja Timmons,	•
Name and Tit	le: Latanja Timmons, 17343 Mint Leaf LN	•
Name and Tit	Latanja Timmons, 17343 Mint Leaf LN Land O Lakes, FL 34638 Anthony Sawyer	•
Name and Tin Address Name and Tin	Latanja Timmons, 17343 Mint Leaf LN Land O Lakes, FL 34638 Anthony Sawyer	Name and Title: LIBRA BARBER, SECRETARY Address: 2845 Eden wood St Clearwater, FL 53759 Name and Title:
Name and Tin Address Name and Tin	Latanja Timmons, 17343 Mint Leaf LN Land O Lakes, FL 34638 Anthony Sawyer	Name and Title: <u>LIBRA BARBER, SECRETARY</u> Address: <u>2845</u> Edenwood St Cleaewoter, FL 53759
Name and Tit	Latanja Timmons, 17343 Mint Leaf LN Land O Lakes, FL 34638 Anthony Sawyer 524 Fremont Ave	Name and Title: LIBRA BALBER, SECRETARY Address: 2845 Edenum St Clearwater, FL 58759 Name and Title:
Name and Tit Address Name and Tit Address	Latanja Timmons, 17343 Mint Leaf LN Land O Lakes, FL 34638 Anthony Sawyer 524 Fremont Ave Daytona Beach, FL 32114	Name and Title: LIBRA BALBEL, SECRETARY Address: 2845 Edenuard St Clearwater, FL 35759 Name and Title: Address:
Name and Tit Address Name and Tit	Latanja Timmons, 17343 Mint Leaf LN Land O Lakes, FL 34638 Anthony Sawyer 524 Fremont Ave Daytona Beach, FL 32114	Name and Title: LIBRA BARBER, SECRETARY Address: 2845 Eden wood St Clearwater, FL 53759 Name and Title:
Name and Tit Address Name and Tit Address	le: Latanja Timmons, 17343 Mint Leaf LN Land O Lakes, FL 34638 le: Anthony Sawyer 524 Fremont Ave Daytona Beach, FL 32114 le: Barbara Belvin	Name and Title: LiBRA BARBER, SECRETARY Address: 2845 Edward St Clearater FL 56759 Name and Title: Name and Title:
Name and Tit Address Name and Tit Address	Latanja Timmons, 17343 Mint Leaf LN Land O Lakes, FL 34638 Anthony Sawyer 524 Fremont Ave Daytona Beach, FL 32114 Barbara Belvin 2766 Spring Creek Road	Name and Title: LiBRA BARBER, SECRETARY Address: 2845 Edward St Clearater FL 56759 Name and Title: Name and Title:

10/18/2018 10-18-18	07:42 PARASEC ;Uo:12AM;Erom:Empath Health	To:918006035868	(FAX)9165767010 ; 727	P.003/003 # 2/ 2
Name and Title:_		Name and Title:		
Address _		Address:		
_				
Name and Inter_		Name and Title:		
Address		Address:		
_		·		
_				
	REGISTERED AGENT			
The name and Fl	orida street address (P.O. Box NOT accept	table) of the registered agent is:		
Name:	Latanja Timmons	·		
Address:	17343 Mint Leaf LN			
	Land O Lakes, FL 34638			
ARTICLE VII The name and ad Name:	INCORPORATOR Moress of the Incorporator is: Vanessa Calhoun			
Address:	2804 Gateway Oaks Dr.	#100		
	Sacramento, CA 95833			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if	other than the date of filing:	(OPTIONAL	٠)	
(A) SR CHECTIVE G	ate is listed, the date must be specific and	cannot be more than five days i	prior or 90 days after t	he filing.)
Note: If the date document's effect	inserted in this block does not meet the appive date on the Department of State's record	licable statutory filing requirements. is.	ts, this date will not be I	sted as the
Having been nam certificate I am fe	ned as registered agent to accept service of unitiar with and accept the appointment as	process for the above stated correspicted agent and agree to act is	poration at the place de n this capacity	signated in this
Total	Required Signature of Registered A	· .	10/7/18	2
I suhmit shin 2	"	_	Date	
to the Department	ment and affirm that the facts stated herein of State constitutes a third degree felony as	are true. I am aware that any fall provided for in s.817.155, F.S.	se information submitted	in a document
// fin		, ,	inlis / i	F
<i>v</i>	Required Signature of Incorpo	rator	Date	7

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