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D O'KEEFE OCT 1 9 2018

COVER LETTER

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

LOING RESOUR	CEFUL COMMUN	TIES, INC.
(PROPOSED CORPORATI	E NAME – <u>MUST INCLUDE SUFF</u>	<u>(X</u>)
	LOING RESOUR (PROPOSED CORPORAT	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFF

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

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FROM: LORI GAYLE Boule
Name (Printed or typed)

4237 HIGH BRIDGE ROAD

QUINCY FL 32351 City, State & Zip

850, 284.692 Daytime Telephone number

building hope Teamail. 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)

RTICLE II PRINCIPAL O	<u>FFICE</u>		
Principal <u>stree</u> 4237 High	address: 4 BRIDGE - ROAN	Mailing address, if diffe $P.O$, $Bo \times T$	
	L 32351		
ohich provide	oration is organized is: <u>an ine</u> 25 research, opera in blight for de	ational, strategi	c plans to
		· · · · · · · · · · · · · · · · · · ·	
RTICLE IV MANNER OF	ELECTION The manner in which the	he directors are elected and appointed	: by majority
me and Title: Lon G Director dress 4237 H	ALL BOULE Name and	d Title:	
ame and Title: Long God Director 4237 F	ALC BOLLE Name and	d Title:d	2016 0CT

Name and Title:_		Name and Title:				
Address _		Address:				
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Name and Title:_		Name and Title:	······································			
Address		Address:			٠.	٠.
	REGISTERED AGENT lorida street address (P.O. Box NOT accep	table) of the registered	agent is:		2013	
Name:	LORI GAYLE BOUTE	·		::: ::::::::::::::::::::::::::::::::::		- 71
Address:	4237 HIGH BRIDGE			188 <i>¥</i>	0.0	
	QUINCY FL 3235	<u> </u>		WHASSEE		
	INCORPORATOR Idress of the Incorporator is:			, ,		
Name:	LORI GAYLE BOULE					
Address:	4237 HIGH BRIDGE	Ro_				
	QUINCY, FL 3235	<u> </u>			•	
Effective date, if	EFFECTIVE DATE: other than the date of filing: OCT. it	4 2018 I cannot be more tha	(OPTIONAL) n five days prior or 90 da	ys after the (filing.)	
	inserted in this block does not meet the appetive date on the Department of State's record		requirements, this date wi	ll not be liste	d as the	e
	med us registered agent to accept service of familiar with and accept the appointment as a layer. Required Signature officegistered	s registered agent and	agree to act in this capacity			in this
	ument and affirm that the facts stated here at of State constitutes a third degree felony t	in are true. I am awara us provided for in s.817		ı submitted ir	r a doci	ument
	Required Signature of Incom	Della porator		/19/20 Date	18	