

N19000001758

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EB 20 2019

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COVER LETTER

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

SUBJECT: Faith Inspire Impact 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: Tiffany Hammonds
Name (Printed or typed)

16308 Vine Cliff Ave.
Address

Hudson, FL 34667
City, State & Zip

678-764-0107
Daytime Telephone number

Tiffanyhammonds77@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: Faith Inspire Impact Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

16308 Vine Cliff Ave.

Hudson, FL 34667

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The specific purpose of the Corporation is to Educate and Raise Awareness for MPN's (Blood Cancer).

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

By the Founder / CEO / Registered Agent

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tiffany Hammonds Name and Title: _____

Address: Founder / CEO Address: _____
16308 Vine Cliff Ave.
Hudson, FL 34667

Name and Title: Joey Hammonds Name and Title: _____

Address: Chairman of Board Address: _____
16308 Vine Cliff Ave.
Hudson, FL 34667

Name and Title: Keisey Carver Name and Title: _____

Address: Secretary / Clerk Address: _____
16308 Vine Cliff Ave.
Hudson, FL 34667

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TALLAHASSEE, FLORIDA

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: Tiffany Hammonds
Address: 16308 Vine Cliff Ave.
Hudson, FL 34667

ARTICLE VII INCORPORATOR

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

Name: Tiffany Hammonds
Address: 16308 Vine Cliff Ave.
Hudson, FL 34667

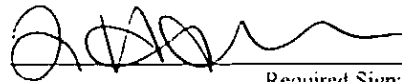
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/9/2019. (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

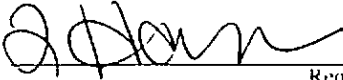


Required Signature of Registered Agent

2/9/19

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

2/9/19

Date