

N1900000242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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19 MAR 13 AM 11:29
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COVER LETTER

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

SUBJECT: Men's To Be Uplifted 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: Chanita G. Andrews
Name (Printed or typed)

3187 Huntington Woods Blvd
Address

Tallahassee Fla. 32303
City, State & Zip

850-210-3583
Daytime Telephone number

Chanita514@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: Men's To Be Uplifted Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3187 Huntington Woods Blvd

Tallahassee Fla. 32303

Mailing address, if different is:

3187 Huntington Woods Blvd

Tallahassee Fla. 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Making a difference in everyday people
lives like me and you by being Supportive, Encouraging, Advocating,
Polite, Kind, courtesy, respectful, and understanding of one
another issues / problems. This program also designed to encourage
men to make better choices / decisions by doing what is
right. I will be offering spiritual advice, Rehabilitation, different
resources to help males get back on their feet / The right path!!

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: They will be appointed by
the ~~Director~~ President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO Chunita Andrews Name and Title: _____

Address: 3187 Huntington Woods Blvd Address: _____
Tallahassee, Fla. 32303

Name and Title: President Basima Andrews Name and Title: _____

Address: 3187 Huntington Woods Blvd Address: _____
Tallahassee, Fla. 32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

CLERK & STATE
TALLAHASSEE, FL 32303

2019 MAR 13 AM 11:42

FILED

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: Chanita G. Andrews

Address: 3187 Huntington Woods Blvd
Tallahassee Fla. 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Chanita G. Andrews

Address: 3187 Huntington Woods Blvd
Tallahassee Fla. 32303

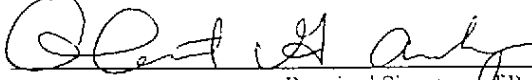
ARTICLE VIII EFFECTIVE DATE:

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.)

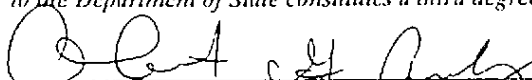
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

3/13/19
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

3/13/19
Date