

N19000005739

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RECEIVED
DIVISION OF REVENUE

P.O.P Sickle Cell, Inc.

6759 NW 182nd Street, Apt 103 Miami, FL 33015 (786)365-0256

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

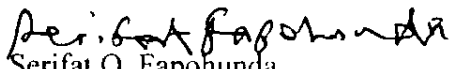
May 15th, 2019

Subject: Release of Corporation Name

This is to certify that I am the President of P.O.P Sickle Cell, Inc. listed under document No: N15000006376 and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using it in the future.

Sincerely,


Serifat O. Fapohunda
President

19 MAY 20 PM 2:37

COVER LETTER

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

SUBJECT: P.O.P SICKLE CELL 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: Serifat Fapohunda

Name (Printed or typed)

6759 NW 182nd Street, Unit 103

Address

Miami, FL 33015

City, State & Zip

786-365-0256

Daytime Telephone number

serifat25@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: P.O.P SICKLE CELL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6759 NW 182nd Street, Unit 103

Miami, FL 33015

Mailing address, if different is:
Same as principle address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To uplift, and empower children and young adults so that they are able to cope with issues they face daily because of sickle cell.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Serifat Fapohunda -- President

Address 6759 NW 182nd Street Unit 103
Miami, FL 33015

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

19 MAY 20 PM 2:37

NOTARIAL PUBLIC
STATE OF FLORIDA
COMMISSION # 123456789

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: Serifat Fapohunda

Address: 6759 NW 182nd Street Unit 103

Miami, FL 33015

ARTICLE VII INCORPORATOR

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

Name: Serifat Fapohunda

Address: 6759 NW 182nd Street Unit 103

Miami, FL 33015

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

Serifat Fapohunda

Required Signature of Registered Agent

5/15/19

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.

Serifat Fapohunda

Required Signature of Incorporator

5/15/19

Date

19 MAY 20 PM 2:37
SERIFAT FAPOHUNDA
6759 NW 182ND STREET UNIT 103
MIAMI, FL 33015