## N19000009246

(Re	equestor's Name)	
(Ad	ldress)	<u></u>
<b>,</b>		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

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

SUBJECT: \_\_\_\_\_\_

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<u> </u>	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	<u>CLUDE SUFFIX</u> )
Enclosed is an original a	and one (1) copy of the Ar	ticles of Incorporation and	a check for :
\$70.00	\$78.75	<b>□\$</b> 78.75	\$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
	Certificate of Status	& Certified Copy	Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	

FROM:

Name (Printed or typed)

3104 N. Armenia Ave., Suite 2

Address

Tampa, Florida 33607

City, State & Zip

201-598-9431

Daytime Telephone number

linda.wiggins@yahoo.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 The name of t	NAME he corporation shall be:	e, Inc.		
ARTICLE II	PRINCIPAL OFFICE			
310	Principal <u>street</u> address: 4 N. Armenia Ave., Suite 2		Mailing address, if different is:	
Tan	npa, Florida 33607			
	I PURPOSE  for which the corporation is organized is: _ engineering, and math (S.T.E.M.), prov	· · · · · · · · · · · · · · · · · · ·	each program that focuses on science	
internships,	S.T.E.M. fairs, etc. to elementary, second	ondary, and colleg	ge students, particularly those who be	elong to
underrepres	sented ethnic groups and/or who live in	low-income areas	s and attend Title 1 schools.	
				<del></del>
ARTICLE IV			as state elected and appointed:	2019 AUG
Name and Tit	Linda Wiggins-Chavis	Name and Titl	Daman Chavis	
Address	Founder & Executive Director	Address:	Director of Finance	- 是 [] - g
	3104 N. Armenia Ave., Suite 2	_	6910 Interbay Blvd. #159	- 9: 06 - 0: 06
	Tampa, FL 33607		Tampa, FL 33616	_ 0.
Name and Tir	Roxanne Chavis	Name and Titl	Teresa Scott-Davis	<b>-</b>
Address	Director of Technology	Address:	Director of Science	_
Addiess	9304 Firenze Dr. Apt. 203	Address.	11609 Storywood Dr.	_
	Palm Beach Gardens, FL 33418	<u> </u>	Riverview, FL 33578	_
Name and Tit	tle:	Name and Titl	e:	<del></del>
Address				
				<del>_</del>

And the second				
Name and Title:_		Name and Title:		
Address		Address:		
	M 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Name and Title:_		Name and Title:	41.0 - 44.0	
Address _		Address:		
_				
		•		
ADTICLE VI	REGISTERED AGENT			
	orida street address (P.O. Box NOT accep	otable) of the regis	stered agent is:	
Name:	Linda Wiggins-Chavis			
Address:	3104 N. Armenia Ave.	#2	- Z0 - Z5	
71441-655,	Tampa, FL 33607		SEURE MASSEE, ELEMPH	77
		<u></u>	HAS	
	<u>INCORPORATOR</u>		95 T	, Lu
The <u>name and ad</u>	Idress of the Incorporator is:			
Name:	Linda Wiggins-Chavis		E. E. U.S	بي 🗨
Address:	3104 N. Armenia Ave.	#2	<del>-</del> ;`- `	र्क
	Tampa, FL 33607			
	EFFECTIVE DATE:			
	other than the date of filing:ate is listed, the date must be specific and	d cannot be mor	(OPTIONAL) e than five days prior or 90 days after :	the filing.)
	inserted in this block does not meet the applicate on the Department of State's recon		filing requirements, this date will not be	listed as the
Having been nan	ned as registered agent to accept service o	of process for the	above stated corporation at the place d	esignated in this
certificate, I am fo	amiliar with and accept the appointment as	s registered agent	and agree to act in this capacity	
Birda/	Required Signature of Registered	Agent	8/05/10 Date	9
	iment and affirm that the facts stated herei			ed in a document
to the Departmen	t of State constitutes a third degree felony	is provided for in	s.817.155, F.S.	A
Linda	Required Signature of Incorp	oorator	$\frac{8/45/4}{\sqrt{2}}$	1