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19 SEP -1, PM 3:35

COVER LETTER

19 SEP -4 PM 3: 35

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

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DUE TO RETURNED CHECK**

SUBJECT: JUST FOLLOW HIM, 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: David E. Adams

Name (Printed or typed)

121 Country Club Dr., #703

Address

Lake Placid, FL 33852

City, State & Zip

863-464-1651

Daytime Telephone number

davea.here2@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: JUST FOLLOW HIM Inc.

19 SEP -4 PM 3:34

ARTICLE II PRINCIPAL OFFICE

Principal street address:
121 Country Club Dr.

Mailing address, if different is:

#703

Lake Placid, FL 33852

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: It is the direction of this organization to give financial aid to other charities, religious organizations, other organizations and individuals.

a) The financial aid to the charities, religious organizations, other organizations will be provided to them to help them to continue providing their help and services to those in need.

b) Financial aid to individuals will be given for their needs in; food, housing, clothing, medical expenses and education to name a few.

The list, above 2 paragraphs (a & b), is not all inclusive, needs will be based on their own merit.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By Owners

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

13 SEP -14 PM 3:35

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: David E. Adams
Address: 703 Country Club Dr. #703
Lake Placid, FL 33852

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ARTICLE VII INCORPORATOR

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

Name: David E. Adams
Address: 121 Country Club Dr. #703
Lake Placid, FL 33852

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

David E. Adams
Required Signature of Registered Agent

08/28/2019

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.

David E. Adams
Required Signature of Incorporator

08/28/2019

Date