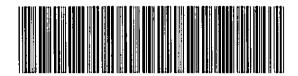
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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FILING CANCELLED
DUE TO RETURNED CHECK

09/04/19--01008--026 **78.75

19 SEP -1, PH 3: 35

COVER LETTER

19 SEP -4 PH 3: 3%

集争 一点。

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

FILING CANCELLED DUE TO RETURNED CHECK

JUST FO	OLLOW HIM, INC.		
	(PROPOSED CORPO	PRATE NAME - MUST ING	
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate
FROM:	David E. Adams	e (Printed or typed)	-
	3 Address	-	
	Lake Placid, FI 33852	ity, State & Zip	-

863-464-1651

davea.here2@gmail.com

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

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

Daytime Telephone number

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

ARTICLE I NAME The name of the corporation shall be:	IST FOLLOW HIM Inc.	F; :
ARTICLE II PRINCIPAL OFFICE		19 SEP -4 PH 3: 3%
Principal <u>street</u> addres 121 Country Club Dr.	s:	Mailing address, if different is:
#703		
Lake Płacid, FI 33852		
ARTICLE III PURPOSE The purpose for which the corporation is charities, religious organizations, other	s organized is:	organization to give financial aid to other
a) The financial aid to the charities,	religious organizations, other organizat	ions 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	e 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	d on their own merit.
ARTICLE V INITIAL OFFICERS		
	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 -1, PH 3: 36
Name and Title	:	Name and Title:
Address		Address:
	•	
		
	REGISTERED AGENT	
The name and	Florida street address (P.O. Box NOT accept	entable) of the registered agent is:
Name:	David E. Adams	
Address:	703 Country Club Dr. #	#703 FILING CANCELLED
	Lake Placid, Fl 33852	DUE TO RETURNED CHECK
	-	
	INCORPORATOR	
The <u>name and</u> :	address of the Incorporator is:	
Name:	David E. Adams	
Address:	121 Country Club Dr. #	# 703
	Lake Placid, FL 33852	<u> </u>
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, i	f other than the date of filing:	. (OPTIONAL) d cannot be more than five days prior or 90 days after the filing.)
(ii an effective	date is listed, the date must be specific and	d cannot be more than live days prior or 90 days after the filing.)
Note: If the date document's effective of the date of	e inserted in this block does not meet the app ctive date on the Department of State's record	plicable statutory filing requirements, this date will not be listed as the rds.
Having been no certificate. I am	amed as registered agent to accept service of familiar with and accept the appointment as	of process for the above stated corporation at the place designated in this segistered agent and agree to act in this capacity
Marx	dE. (Idams)	08/28/2019
7	Required Signature of Registered A	Agent Date
I submit this do	cument and affirm that the facts stated hereir	in are true. I am aware that any false information submitted in a document
w ine Departme	nt of State constitutes a third degree felony as	
Movi	de (Islams	08/28/2019
7	Required Signature of Incorpo	Date Date