

NP 000 010 045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

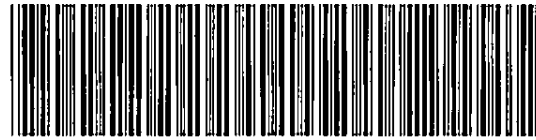
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
SEP 23 2019

COVER LETTER

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

SUBJECT: Wii CAN Corporation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
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ADDITIONAL COPY REQUIRED

FROM: NORNA Augustave
Name (Printed or typed)

21270 N Miami Ave
Address

Miami, FL 33169
City, State & Zip

404-397-9000
Daytime Telephone number

Wii caninfo@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: Wii Can Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address: 21270 N Miami Ave
Miami, FL 33169
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The specific purposes for which this corporation is organized are exclusively charitable and educational purposes, including but not limited to, assisting with the education & training of youth, with emphasis on youth who are underprivileged and homeless, mentoring, creating an environment free of judgement, job skills training, and other associated and necessary social services as human needs may require. This corporation is organized exclusively for one or more of the purposes as specified in Section 501(c)(3) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1986, or corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
shall be stated in the corporation's bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Norma Augustave</u> <u>President / CEO</u>	Name and Title:	<u>Renette Lafrence</u> <u>Chair of the Board</u>
Address	<u>1839 Dalton Way</u> <u>Hampton, GA 30228</u>	Address:	<u>21270 N Miami Ave</u> <u>Miami, FL 33169</u>
Name and Title:	<u>Marcy Laventure</u> <u>Treasurer</u>	Name and Title:	<u>Geraldine Victor</u> <u>SECRETARY</u>
Address	<u>618 Winners Circle</u> <u>Locust Grove, GA 30248</u>	Address:	<u>125 Fieldcrest St. Unit 303</u> <u>Arbor, MI 48103</u>
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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19 SEP 10 PM 2:40
SUNNY HUNT CHRISTIAN
MILLANASSEE, FLORIDA

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: Norna Augustave

Address: 21270 N Miami Ave
Miami, FL 33169

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
19 SEP 10 PM 2:40
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ARTICLE VII INCORPORATOR

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

Name: Norna Augustave

Address: 1834 Dalton Way
Hampton, GA 30228

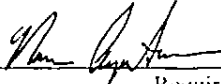
ARTICLE VIII EFFECTIVE DATE:

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

9/6/19
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

9/6/19
Date