

NP 000 010 045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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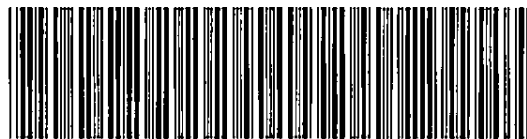
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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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 :

☒ \$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: 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:

Mailing address, if different is:

21270 N Miami Ave  
Miami, FL 33169

**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 Lafrance</u> <u>Chair of the Board</u>
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Address	<u>1839 Dalton Way</u> <u>Hampton, GA 30228</u>	Address:	<u>21270 N Miami Ave</u> <u>Miami, FL 33169</u>
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Name and Title:	<u>Marcy Laventure</u> <u>Treasurer</u>	Name and Title:	<u>Geraldine Victor</u> <u>Secretary</u>
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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>
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Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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TALLAHASSEE, 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

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Norna Augustave

Address: 1834 Dalton Way

Hampton, GA 30228

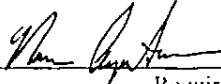
**ARTICLE VIII EFFECTIVE DATE:**

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

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