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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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OCT 07 2019

## COVER LETTER

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

SUBJECT: Make A Difference Mentoring, 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: A. Shawn Collins  
Name (Printed or typed)

P.O. Box 9787  
Address

Daytona Beach, Florida, 32120  
City, State & Zip

386.451.8478  
Daytime Telephone number

ashawn06@makeadifference-fl.org  
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: Make A Difference Mentoring, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

839 George Engram Blvd.

Daytona Beach, FL., 32114

Mailing address, if different is:

P.O. Box 9787

Daytona Beach, FL., 32120

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide tutoring, Life-skills training & career exploration that will empower at-risk youths in our community to make positive life choices that will enable them to maximize their personal potential to become successful and productive adults.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As stated in the by-laws.

**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: \_\_\_\_\_

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CLERK OF CIRCUIT COURT  
JULY 19 2019  
19 SEP 19 PM 2:49

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: A. Shawn Collins

Address: 839 George Engram Blvd.

Daytona Beach, FL, 32114

**ARTICLE VII INCORPORATOR**

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

Name: A. Shawn Collins

Address: P.O. Box 9787

Daytona Beach, FL, 32120

19 SEP 19 PM 2:48  
TALLAHASSEE, FLORIDA

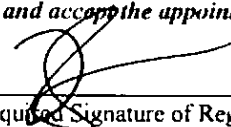
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 24 September 2019 (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

13 Sept 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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

13 Sept 2019

\_\_\_\_\_  
Date