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ALLAHASSEE FORD

2019 OCT 21 MH 8: 45



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 30, 2019

TRICIA STARKEY 746 PREBLE AVENUE ALTAMONTE SPRINGS, FL 32701

SUBJECT: RISE ABOVE, GAIN SUCCESS, INC

Ref. Number: W19000080085

2019 OCT 21 AM 8: 45 2554 ELVER FOR THE 15

Please accept our apology for failing to mention this in our previous letter.

We have received your document for RISE ABOVE, GAIN SUCCESS, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 419A00017978

COVER LETTER

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

SUBJECT: Rise Above (Gain Success, Inc. (
SUBJECT.	(PROPOSED CORPO	PRATE NAME - MUST INC	CLUDE SUFFIX)	_
Enclosed is an original a	and one (1) copy of the Arti	cles of Incorporation and	a check for :	
\$70.00	☐ \$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee &	Filing Fee	Filing Fee, Certified Copy	
	Certificate of Status	& Certified Copy	& Certificate	
		ADDITIONAL CO	DOV DECLURED	
		ADDITIONAL CO	PY REQUIRED	
FDOM	Tricia Starkey			
FROM:	Nam	ne (Printed or typed)	- , <u>*</u>	21
	746 Preble Avenue		1-11-12-12-12-12-12-12-12-12-12-12-12-12	70190C1
	***************************************	Address	IAS.	F][
			912. 72.	
	Altamonte Springs, FL 32701		-, -	章 [1]
	(City, State & Zip	• • •	تة (<u>)</u>
	407-415-9667		_	45

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

Riseabovegainsuccess@gmail.com

Daytime Telephone number

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

and the second s

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

	NAME corporation shall be: Rise Above, Gain 5	Success, Inc	
ARTICLE II 746 Pr	PRINCIPAL OFFICE Principal street address: eble Avenue	Mailing address, if o	lifferent is:
Altamo	onte Springs, FL 32701		
ARTICLE III The purpose for	which the corporation is organized is: _	The purpose of this corporation shall be civic, locial relationships of its members and guests, t	
		dards; and to transact any and all lawful busine	
		forbidden by the Florida Corporation laws or b	
		state, territory, district or possession of the Un	
foreign country			
ARTICLE IV ARTICLE V Name and Title Address	INITIAL OFFICERS AND/OR DIRE	nner in which the directors are elected and appoint in the elected and appoint in t	FILE BUSINESSEE SELECTION OF THE PUBLISH ASSETS
Name and Title	PO Box 195144 Winter Springs, FL 32719	Name and Title:Address:	
Name and Title	GAVIN STARKEY, BENEFINE 746 PREBLE AVENUE ALTAMONIE SERIAXIS, F.L.	Address:	

5 5 1 6			
Name and Title:		Name and Title:	
Address		Address:	
		a	
		Name and Title	
		Name and Title:	
Address		Address:	
		A A Andrews Add Word of the Company	
	EGISTERED AGENT rida street address (P.O. Box NOT accep	nable) of the registered agent is:	
Name:	Tricia Starkey		
Address:	746 Preble Avenue		7
	Altamonte Springs, FL 3270	190CT 21 AH 8: 45	
			Ti
	NCORPORATOR Iress of the Incorporator is:		フ
	Carla Connelly	2019 OCT 21 AH 8: 45 ALLANSSEF FIRM	
Name:	519 Land Avenue		
Address:	Longwood, FL 32750)	
ARTICLE VIII Effective date, if o	EFFECTIVE DATE: 08/01/2 ther than the date of filing: 0 specific and the is listed, the date must be specific and	019 (OPTIONAL) d cannot be more than five days prior or 90 days after the filli	1g.)
Note: If the date document's effect	inserted in this block does not meet the apive date on the Department of State's reco	oplicable statutory filing requirements, this date will not be listed a ords.	s the
Having been nam certificale,) am fa	ned as registered agent to accept service miliar with and accept the appointment of	of process for the above stated corporation at the place designa- is registered agent and agree to act in this capacity	ted in this
X 7110	in Atarkall-	08/02/2019	
···· ····/ , ~666. <u>#</u>	Required Signature of Registered		
I submit this docu	ment and affirm that the facts stated here of State constitutes a third degree felony	in are true. I am aware that any false information submitted in a as provided for in s.817.155, F.S.	documen
- Company	0	08/02/2019	
	Required Signature of Incom		-