N19000011668

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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Office Use Only

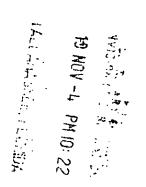
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October 1, 2019

MARCEL BROWN 2616 MAGPIE WAY SANFORD, FL 32773

SUBJECT: AF MEN'S ALLIANCE INC.

Ref. Number: W19000087754

We have received your document for AF MEN'S ALLIANCE INC. and your check(s) totaling \$87.50. 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/

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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.

Keyna E Page Regulatory Specialist II

Letter Number: 919A00020149

www.sunbiz.org

COVER LETTER

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

Alliance

SUBJECT: 4F Men'S MANUE 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

\$87.50 Filing Fee, Certified Copy

& Certified Copy Certified Cop
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MARCEL BROWN
Name (Printed or typed)

2616 MAGPIE WAY
Address

SAN FOLD, FL 32773
City. State & Zip

U07- 435-1127

Daytime Telephone number

HFMCNS9100009Mayl. 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:	1) havy Inc
ARTICLE II PRINCIPAL OFFICE	
Principal <u>street</u> address:	Mailing address, if different is:
2616 MARCHIC WAY	
SKN: FORW, FC. 32713	
	TO PROVIDE ASSISTANCE AND RESOURCES
FOR MEN IN NECES IFIS MAN	INCLUDE FINANCIAL OR CAITH BASED COUNSCUNG,
CLOTHING EDUCATION RESOURCES	+ LCEAL ASSISTANCE. THE ORCAMIZHTION
FOCUSES ON FAMILY, FAMILY,	FINERCE, + FITNESS
ARTICLE IV MANNER OF ELECTION The	manner in which the directors are elected and appointed:
WAY JOSHIA COLC DA LUE DA	MAN OF DIKE TOKE
ARTICLE V INITIAL OFFICERS AND/OR DE	<u>RECTORS</u>
Name and Title: MARCEL BROWN - C	10 Name and Title: CHKISTINA GROWN - Chalchan
Address 7.616 MAGPIE WAY	Address: 2616 MAGPIE WAY
SANFORD PL 3217	
,	
Name and Title: TARMALE DANKL-	Name and Title:
Address 38434 SANTA ANN	Address:
CLINTON TOWNSHIP, MI	48036
Name and Title:	Name and Title:
Address	
	Address: 2 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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Name and Title:		Name and Title:			
Name and Title:		Name and Title:			
		· · · · · · · · · · · · · · · · · · ·			
ARTICLE VI R The name and Flo	EGISTERED AGENT rida street address (P.O. Box NOT acce	ptable) of the registered agent is:			
Name:	MARGE BROWN				
Address:	2616 MAGPIE WAY				
	SANTORD, FL 32773				
	NCORPORATOR Iress of the Incorporator is:		i ALLA	10 NOV -4 PH 10: 2	
Name:	MARCEL BROWN		Arika Belli e Lomb	-	n e
Address:	2616 MAGFIE WAY).	P	्रम् छ ाः
	SANFORD, FC 32773		₹. •	<u>.</u>	31.1 31.1 31.1
ARTICLE VIII Effective date, if c	EFFECTIVE DATE: other than the date of filing: te is listed, the date must be specific a	. (OPTIONAL) nd cannot be more than five days prior or 90	=:	\sim	Å āling.)
Note: If the date document's effect	inserted in this block does not meet the a ive date on the Department of State's rec	applicable statutory filing requirements, this date cords.	will not b	e liste	d as the
certificate, I am fe	imiliar with and accept the appointment	e of process for the above stated corporation at as registered agent and agree to act in this capa	the place	[,] desig	nated in this
	A CAR Required Signature of Registere		<u>5-18- j#</u> Date	!	
		d Agent rein are true. I am aware that any false informa	,		
to the Departmen	of State constitutes a third degree felon	y as provided for in s.817.155, F.S.			
	Required Signature of Inco	· 	5-18 10	<u>.</u>	
	Required Signature of Inco	orporator	17216		