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| (F | Requestor's Name) | | |
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| | Address) | | |
| <i>(</i> / | Address) | | |
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| PICK-UP | Wait Mail | | |
| (E | 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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COVER LETTER

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

| SUBJECT: We Are The | | ORATE NAME – <u>MUST INC</u> | CLUDE SUFFIX) |
|--|---|--------------------------------------|--|
| Enclosed is an original a S70.00 Filing Fee | nd one (1) copy of the Ar \[\sum \\$78.75 \] Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy | a check for: \$87.50 Filing Fee, Certified Copy & Certificate |
| | Status | ADDITIONAL CO | |
| FROM: | Mr. Edward S. Myles | me (Printed or typed) | - |

Address

Tampa. Florida 33617

City, State & Zip

813.215.9346

Daytime Telephone number

wearethechangetpa@gmail.com

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

8700 N. 50th Street Apt. 201

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 The name of the | NAME e corporation shall be: We Are The Cha | inge, Inc. | | |
|---------------------------|--|-------------------------|--|---------------------|
| ARTICLE II | PRINCIPAL OFFICE | | | |
| 8700 | Principal <u>street</u> address: 8700 N. 50th St. Apt 201 | | Mailing address, if different is: | |
| Tamp | oa. FL 33617 | | | |
| • • | PURPOSE or which the corporation is organized is: | | rganized exclusively for charitable, scien | |
| educational pu | rposes, more specifically to combat hor | melessness and povert | y within indigent populations. To this e | nd, the corporation |
| shall at all time | es be operated exclusively for charitable | e purposes within the | meaning of section 501 (c) (3) of the Int | ternal Revenue |
| Code of 1986. | as now enacted or hereafter amended, i | including, for such pur | rposes, the making of distributions to or | ganizations under |
| section 501 (c) | (3) of the Internal Revenue Code of 19 | 986, as now enacted or | r hereafter amended. All funds, whether | income or |
| principal, and | whether acquired by gift or contribution | or otherwise, shall be | e devoted to said purposes. | |
| | | | | |
| ARTICLE IV | MANNER OF ELECTION The m | | ectors are elected and appointed: | d at the annual |
| Name and Title | Mr. Edward S. Myles, C.E.O | Name and Title | Mrs. Sander R. Myles, C.O.O. | _ |
| Address | 8700 N. 50th Street Apt. 1506 | Address: | 2221 Calexico Way South | |
| | Tampa, FL 33617 | | St. Petersburg, FL 33712 | 2019 MOV |
| Name and Title | Mr. Evan D. Clarke, President | Name and Title | Ms. Ashley R. Myles, C.F.O | T YOM |
| Address | 1209 E. 122nd Ave. Apt. B | Address: | 4301 42nd Avenue North | _ } |
| Address | Tampa, FL 33612 | Address. | St. Petersburg, FL 33612 | . D H 9: 53 |
| Name and Title | | Name and Title | : | |
| Address | | Address: | | _ |
| | | | | _ |

| Name and Title | : } | Name and Title: | |
|---|---|--|----------------|
| Address | | Address: | |
| | | | |
| | | | |
| N. 1.20%.1 | , | N. 130.1 | |
| | | Name and Title: | |
| Address | | Address: | |
| | | | |
| | | 20 1 | |
| | | 2019 NOV 12 | -77 |
| ARTICLE VI The name and 1 | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accept | table) of the registered agent is: | |
| Name: | Evan D. Clarke | | m |
| Address: | 1209 E. 122nd Ave. Apt. I | | |
| rtadiep. | Tampa, FL 33612 | | 1 3 |
| | | | |
| | INCORPORATOR <u>iddress</u> of the Incorporator is: | | |
| Name: | Mr. Edward S. Myles | | |
| Address: | 8700 N. 50th Street Apt 2 | 201 | |
| Address. | Tampa, FL 33617 | _ | |
| ARTICLE VIII | EFFECTIVE DATE: | | |
| Effective date, i | f other than the date of filing: | . (OPTIONAL) cannot be more than five days prior or 90 days after the | filing) |
| (11 411 (111 (111 (111 (111 (111 (111 (| vaic is used, the trace must be specific and | cannot be more than live days prior or 70 days after the | ilinig.) |
| | e inserted in this block does not meet the applicative date on the Department of State's record | licable statutory filing requirements, this date will not be listeds. | ed as the |
| Having been no | imed as registered agent to accept service of | f process for the above stated corporation at the place design | gnated in this |
| 5/ | | registered agent and agree to act in this capacity | |
| _{/ | Required Signature of Registered A | 11/06/2019 Date | |
| I submit this do | , • | a are true. I am aware that any false information submitted is | n a dacument |
| | nt of State constitutes a third degree felony as | | · w weemmen |
| | | 11/06/2019 | |
| | Autired Signature of Incorpo | prator Date | |