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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

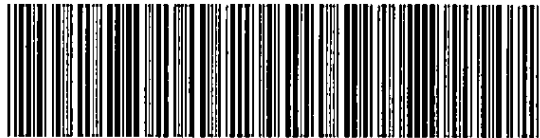
\_\_\_\_\_  
(Business Entity Name)

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

K. PAGE

DEC 26 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2019

AMPERE WARREN  
337 MAGICAL WAY  
KISSIMMEE, FL 34744

SUBJECT: BETTER LIVES AFTER CHOOSING CHANGE INC  
Ref. Number: W19000104190

We have received your document for BETTER LIVES AFTER CHOOSING CHANGE 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

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: 519A00024611

AFFIDAVIT

CONSENT OF NAME USAGE

I, **Ampere Warren**, an authorized officer of "**Better Lives After Choosing Change Inc.**," a dissolved Florida non-profit corporation; hereby give consent to "**Better Lives After Choosing Change, Inc.**," a newly formed Florida non-profit corporation, to use said similar name.

The dissolved entity will not be reinstated.

  
\_\_\_\_\_  
Signature of Authorized Officer, Ampere Warren

Date: 12/15/19

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TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: Better Lives After Choosing Change, 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: Ampere Warren  
Name (Printed or typed)  
337 Magical Way  
Address  
Kissimmee, FL 34744  
City, State & Zip  
407-800-6663  
Daytime Telephone number  
blaccinc501@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

**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: Better Lives After Choosing Change, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

337 Magical Way

Kissimmee, FL 34744

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Said corporation is organized exclusively for charitable and educational purposes within the meaning of section

501(c)(3) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as tax exempt under section 501(c)(3) of the IRS Code, or the corresponding section of any future federal tax code.

The corporation shall not be organized or operated for the primary purpose of carrying on or operating a business of a kind regularly carried on for profit.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Provided in Bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ampere Warren, President - Dir

Address: 337 Magical Way  
Kissimmee, FL 34744

Name and Title: Antonia Reason, Director

Address: 337 Magical Way  
Kissimmee, FL 34744

Name and Title: Shama Jacobson, Treasurer - Dir

Address: 337 Magical Way  
Kissimmee, FL 34744

Name and Title: Towanna Leacock, Director

Address: 337 Magical Way  
Kissimmee, FL 34744

Name and Title: Natalie Diaz, Secretary - Dir

Address: 337 Magical Way  
Kissimmee, FL 34744

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

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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: Ampere Warren

Address: 337 Magical Way

Kissimmee, FL 34744

**ARTICLE VII INCORPORATOR**

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

Name: Ampere Warren

Address: 337 Magical Way

Kissimmee, FL 34744

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TALLAHASSEE, FL

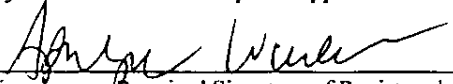
**ARTICLE VIII EFFECTIVE DATE:**

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 business days prior or 90 business 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.

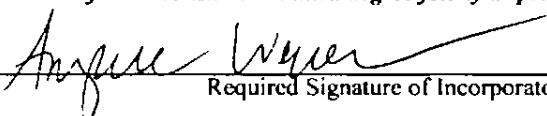
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

November 6, 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

November 6, 2019

Date

*Articles of Incorporation*

*In compliance with Chapter 617, F.S., (Not for Profit)*

**Attachment Page**

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CLERK OF THE CIRCUIT COURT  
JACKSONVILLE, FL

**Article IX    Dissolution of the Corporation**

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth hereof.

No substantial part of the activities of the corporation shall be the carrying on of , or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, the board of directors shall make provision for payment of any debts of the corporation; any remaining assets after payment of all debts shall be distributed to tax exempt organizations for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.