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COVER LETTER

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

SUBJECT:	DA	MAKE A	WAY (Corporation	
		(PROPOSED CORP	DRATE NAMI	E - MUST INCLUDE SUFFIX)	Ī

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 CO	PY REQUIRED

FROM:	Kendron Moore Name (Printed or typed)
	4790 WW Kelley rd
•	TAILAHASSEC FL , 3231 City, State & Zip
	Co78-348-0303 Daytime Telephone number
ı	Kmoore 37920 Gmoil, 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)

<u>ARTICLE I</u>	<u>I PRINCIPAL OFFICE</u>		
	Principal street address:	,	Mailing address, if different is:
	4790 WW Kell	cy rd _	
	TallahassectL	.32310	
<u>ARTICLE I</u>	II PURPOSE	<u> </u>	//
		•	/ Community Based
			Adults and Kids Find
			rough Sports, Education
Entr	epreneurship ar	nd Entert	DIMMONT
<u>ARTICLE I</u>	V MANNER OF ELECTION The	manner in which the direc	tors are elected and appointed: Ry Vot C
ARTICLE I	V MANNER OF ELECTION The	manner in which the direc	tors are elected and appointed: By Vot C
OF	Directors		tors are elected and appointed: By VOTC
OF ARTICLE 1	DITECTOTS INITIAL OFFICERS AND/OR DI	<u>RECTORS</u>	
OF ARTICLE 1	DITECTOTS INITIAL OFFICERS AND/OR DI	<u>RECTORS</u>	Delrayoshon Hunt
OF ARTICLE 1	DITECTOTS INITIAL OFFICERS AND/OR DIS	RECTORS ・ いつしてName and Title:	Delrayoshon that
OF ARTICLE 19 Name and T	DITECTOTS INITIAL OFFICERS AND/OR DIS	RECTORS VAO(Name and Title:Address:	Delrayoshon Hunter Cofounded Director
OF ARTICLE 19 Name and T	Directors INITIAL OFFICERS AND/OR DIS INITI	RECTORS VACO Name and Title: Address:	Delrayoshon Hunter Cofounded Director 80d Springsax Drive
OF ARTICLE 19 Name and T Address	Directors INITIAL OFFICERS AND/OR DI FOUNDER, Director 4792 WW Kelley TAMAHASSER, FL 30	RECTORS WHO I Name and Title: Address:	Delrayoshon Hunter Cofounded Director 80d Springuax Drive Tahassee, FL, 3d305
Name and T Address	INITIAL OFFICERS AND/OR DIS FOUNDER, DIRECTOR 479a WW Kelley TALLAHASSER, FL 30 ille: Donna Ranson Director	RECTORS When Name and Title: Address: Address: Address:	Delrayoshon Hunt(f Cofounded Director 80d Springsax Drive Tahassee, FL, 3d305
OF ARTICLE 19 Name and T Address	Directors INITIAL OFFICERS AND/ORDING THE Kendion Moore O Founder, Director 4792 NW Kelley TALLAH ASSER, FL 30 alle: Donna Ranson Dr 2593 CHANDOLO	RECTORS Address: Address: Address: Address: Address:	Delrayoshon Hunter Cofounded Director 80d Springuax Drive TAHASSEE, FL, 3d305
Name and T Address	INITIAL OFFICERS AND/ORDING THE Kendron Moore O Founder, Director 479a WW Kelley TALLAHASSER, FL 30 THE DONNA RANSON DE 2593 CHANDOLOF LANC, TALLAHASSEC	RECTORS Address: Address: Address: Address: Address: Address:	Delrayoshon tiunt(f Cofounded Director 80d Springsax Drive TALIAHASSEE, FL, 3d305
Name and T Address Name and T	Directors INITIAL OFFICERS AND/ORDING TOUNDER, DIRECTOR 4792 MW Kelley TALLAH ASSER, FL 30 alle: Donna Planson Dr 2593 CHANDOLO JANC, TALLAHASSEC 32511	RECTORS Address: Address: Address: Address: Address:	Delrayoshon thunter Cofounded Director 80d Springuax Drive Taliatiassee, FL, 32305
Name and T Address Name and T	INITIAL OFFICERS AND/ORDING THE Kendron Moore O Founder, Director 479a WW Kelley TALLAHASSER, FL 30 THE DONNA RANSON DE 2593 CHANDOLOF LANC, TALLAHASSEC	RECTORS Address: Address: Address: Address: Address: Name and Title:	Delrayoshon tiunt(1 Co founded Director 80d Springsax Drive TALIAHASSEC, FL, 32305

, Name and Title: Kendron Moore Name and Tit	ne: Detravahan Hunter
	Co Founder/Director
Director 4790 WW Kelley	80d Springsax Drive
TO TAMPHASSEC, FL 36310	
Name and Title: Donna Ran wy Directo Same and Tit	
Address 2593 (honclalat Address:	tie:
Lave, Tallahassac, Fl	
<u> </u>	
ARTICLE VIREGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the re	egistered agent is:
Name: Rendron Moore	
Address: <u>CM92 WW Kelley</u>	29
rd TAMASSEC, FL 32310	J
ARTICLE VII INCORPORATOR	·
The <u>name and address</u> of the Incorporator is:	
Name: Kendion Moore	
Address: LNOQ WW Kelley rd	i i i i i i i i i i i i i i i i i i i
TALLAHASSER, FL, 32310	
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be m	(OPTIONAL) nore than five days prior or 90 days after the filing.)
Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Having been named as registered agent to accept service of process for a certificate. I am familiar with and accept the appointment as registered age	the above stated corporation at the place designated in the ent and agree to act in this capacity
KM	1/10/20
Required Signature of Registered Agent	Date
I submit this document and affirm that the facts stated herein are true, I are to the Department of State constitutes a third degree felony as provided for	m aware that any false information submitted in a documer
K-M	1/10/20
Required Signature of Incorporator	- 1 Date