N20000001138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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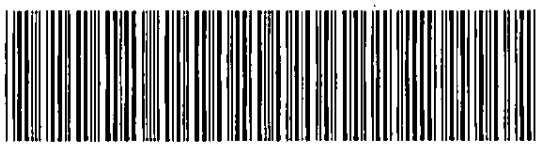

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FILED
2020 FEB -4 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FL

2020 FEB -4 PM 2:28

COVER LETTER

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

SUBJECT: Shades of Reign Foundation, 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: Braylyn Wilson
Name (Printed or typed)

2221 E Orange Avenue
Address

Tallahassee, Florida 323
City, State & Zip

(772) 828-9318
Daytime Telephone number

braylyn1.wilson@gmail.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: Shades of Reign Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

2221 E Orange Avenue
Tallahassee, Florida
32311

Mailing address, if different is:

P.O. Box 6616
Tallahassee, Florida
32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To improve the quality of life for young men and women in the community.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Permanent Appointed by President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Braylyn Wilson, President

Address: 2221 E Orange Avenue
Tallahassee, Florida
32311

Name and Title: Taylor Wilson, Vice President

Address: 2221 E Orange Avenue
Tallahassee, Florida
32311

Name and Title: Melissa Wilson, Secretary

Address: 2221 E Orange Avenue
Tallahassee, Florida
32311

Name and Title: Marvin Wilson, Treasurer

Address: 2221 E Orange Avenue
Tallahassee, Florida
32311

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Braylyn Wilson

Address: 2221 E Orange Avenue
Tallahassee, Flecida 32311

ARTICLE VII INCORPORATOR

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

Name: Braylyn Wilson

Address: 2221 E Orange Avenue
Tallahassee, Florida 32311

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 days prior or 90 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

Braylyn Wilson
Required Signature of Registered Agent

2/4/2020
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.

Braylyn Wilson
Required Signature of Incorporator

2/4/2020
Date