

will

N20 000 006560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

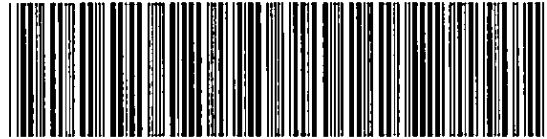
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000343837600

05/04/20--01022--019 **85.00

05/04/20--01022--020 **4.00

FILED
2020 MAY -4 PM 1:17
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Raw image Non-Profit Community Service
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC.

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: Soul Ali
Name (Printed or typed)
619 s. Marion Ave
Address
LAKE CITY FL. 32025
City, State & Zip
352-231-9053
Daytime Telephone number
soulali101@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2020 MAY -4 PM 1:17
TALLAHASSEE, FL
DIVISION OF STATE

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: Rawimage Non-profit Community Service
INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

619 S Marion Ave
Lake City FL 32025

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The specific purpose for which the corporation is organized exclusively for
charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations
that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue code, or the corresponding section of any
future tax codes.

The organization's sole charitable purpose is to collect food, clothing, and various forms of tangible goods (e.g. furniture,
housewares, appliances etc.) and distribute them to indigent and impoverished members of the greater Gainesville,
Florida community.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Annual Meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Soul Ali, President

Name and Title: _____

Address _____

Address: _____

Name and Title _____

Name and Title: _____

Address _____

Address: _____

Name and Title: Gloria Burkett, Treasurer

Name and Title: _____

Address _____

1031 NR 8th Ave.

Address: _____

Gainesville, FL 32601

2020 MAY -4 PM 1:17
STATE
SECRETARY
FL

FILED

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: Soul Ali
 Address: 619 S. Marion Ave
LAKE CITY FL 32025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Soul Ali
 Address: 619 S. Marion Ave
LAKE CITY FL 32025

2020 MAY -4 PM 1:17
 DEPARTMENT OF STATE
 TALLAHASSEE, FL
 FILED

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

Soul Ali
 Required Signature of Registered Agent

3/19/20
 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.

Soul Ali
 Required Signature of Incorporator

3/19/20
 Date