

N2000000007380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

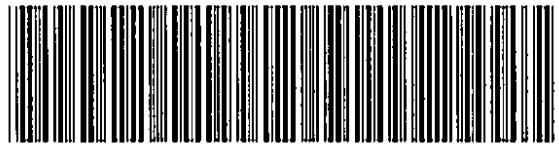
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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7/9/2020

COVER LETTER

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

SUBJECT: LINK UP AND BUILD, 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: SULAYA WILLIAMS
Name (Printed or typed)

4571 NW 90TH AVENUE
Address

SUNRISE, FL 33351
City, State & Zip

352 642-2712
Daytime Telephone number

SULAYAWAG@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: LINK UP AND BUILD, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4571 NW 90TH AVENUE

SUNRISE, FL 33351

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SEE ATTACHMENT

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

Directors will be appointed in accordance with bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sulaya Williams- President

Address: 4571 NW 90th Avenue
Sunrise, FL 33351

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: SULAYA WILLIAMS
Address: 4571 NW 90TH AVENUE
SUNRISE, FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SULAYA WILLIAMS
Address: 4571 NW 90TH AVENUE
SUNRISE, FL 33351

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...


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



Required Signature of Registered Agent

6/18/2020

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.



Required Signature of Incorporator

6/18/2020

Date