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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
THE LEVERAGED LEGACY FOUNDATION, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Second Request

20 SEP 10 PM 4:30

2020 SEP 10 PM 2:16

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be: The Leveraged Legacy Foundation, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address:8695 NW 24th Ct

Mailing address, if different is:

Sunrise, FL 33322**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To leverage a legacy of longevity, literacy, learning, and love that leads to a liberating lifestyle, through the provision of access to programs and services for disenfranchised populations.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____As provided for in the Bylaws.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Joanette Brookes-George - PresidentAddress: 8695 NW 24th Ct
Sunrise, FL 33322Name and Title: Shawn Sealy - Vice PresidentAddress: 1253 SW 46th Ave
Unit #1603
Pompano Beach, FL 33069Name and Title: D. Nathan Darling - SecretaryAddress: 8695 NW 24th Ct
Sunrise, FL 33322Name and Title: Adin Darling - SecretaryAddress: 8695 NW 24th Ct
Sunrise, FL 33322

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

20 SEP 10 PM 4:30

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: Joanette Brookes-George

Address: 8695 NW 24th Ct

Sunrise, FL 33322

ARTICLE VII INCORPORATOR

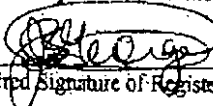
The name and address of the incorporator is:

Name: Joanette Brookes-George

Address: 8695 NW 24th Ct

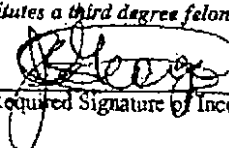
Sunrise, FL 33322

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

8/31/20
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.


Required Signature of Incorporator

8/31/20
Date