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(Address)

(Address)

(City/State/Zip/Phone #)

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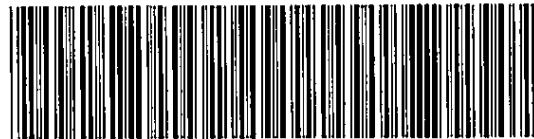
(Business Entity Name)

(Document Number)

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Derrick Thompson

## COVER LETTER

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

**SUBJECT:** The C.A.L.L. 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: Christina Jones  
\_\_\_\_\_  
Name (Printed or typed)

14501 Jefferson Street  
\_\_\_\_\_  
Address

Miami, FL 33176  
\_\_\_\_\_  
City, State & Zip

786-236-7779  
\_\_\_\_\_  
Daytime Telephone number

chrisemaj@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: The C.A.L.L. Foundation, Inc

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

160 NW 176 Street

Ste #308

Miami, FL 33169

Mailing address, if different is:

160 NW 176 Street

Ste #308

Miami, FL 33169

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized and operated exclusively for charitable religious,  
education and scientific purposes within the meaning of Section 501 (c)(3) of the Internal revenue code or corresponding  
sections of any future tax code (s). Upon dissolution of the corporation, assets shall be distributed for one or more exempt  
purposes within the meaning of section 501 (c) of the internal revenue code, or corresponding sections of any future tax code (s) or  
shall be distributed to the federal government, or the state or local government for a public purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directions are nominated  
And a majority vote required of members present at the annual election meeting.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christina Jones - CEO

Address: 14501 Jefferson Street

Miami, FL 33176

Name and Title: Wanda Brooks - CFO

Address: 104 NW109 Avenue

Apt #208

Pembroke Pines, FL 33026

Name and Title: Erica Johnson - Secretary

Address: 2681 NW 49 Terrace

Miami, FL 33142

Name and Title: Tonia Scott - Director

Address: 7342 NW 23 Place

Apt #102

Miami, FL 33147

Name and Title: Timmeka Williams - Treasurer

Address: 7805 NW 27th Avenue

Apt #107

Miami, FL 33147

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Christina Jones \_\_\_\_\_

Address: 160 NW 176 Street, Ste #308 \_\_\_\_\_

Miami, FL 33169 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Christina Jones \_\_\_\_\_

Address: 160 NW 176 Street, Ste #308 \_\_\_\_\_

Miami, FL 33169 \_\_\_\_\_


**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.)

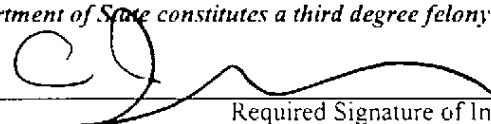
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

08/24/2020  
\_\_\_\_\_  
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

08/24/2020  
\_\_\_\_\_  
Date