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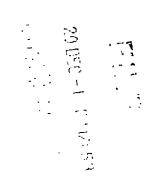
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Dessick Thompson 12/10/2020

COVER LETTER

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

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : ☐ \$70.00 □ \$78.75 □\$78.75 □ \$87.50 Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED 7- 202-5589 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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

The name of the corporation shall be: Nytennia-Ginls on the	m01	ve 1
ARTICLE II PRINCIPAL OFFICE		
Principal street address: Mailing address, if different is Angre 3 Argum	;; 	
114. W. Celeste st		
Apopta 74 32703		•
	1	Lo Ha
The purpose for which the corporation is organized is: To bring Food and clothe poor and help people in Need.	NA	TO THE
poor and keep people in Need.		
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:		
The C.E.O. appoints the directors		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		
Name and Title: C. E. O. Tarum Barken Name and Title:		
Address 114W. Celeste St. Address:]] U.č.	· :
Apopka, FL 32703		28 214 2
·		
Name and Title: Vice President Nyteria Warrenime and Title:		
Address 114W. Celeste St. Address:		
ApopKa FL 32703		
		
Name and Title: Secretary Sharon Collins Name and Title:		
Julia Coda Rd		
Plymouth 31		
32968		

Name and Title:	Name and Title:	_
Address	Address:	_
		_
		-
Name and Title:	Name and Title:	<u>-</u>
Address	Address:	-
		_
	<u> </u>	_
ARTICLE VI REGISTERED AGENT		· 3
The name and Florida street address (P.O. Box NOT accept	ptable) of the registered agent is:	
Name: Tamara Barnun	· .	1
Address: 114 W. Celeste S	5 t.	
Address: 114 W. Celeste S Apopka, FL 32703	3	THE STATE OF THE S
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Name: Tagara Bernum		
Address: 114W. Celeste St.		
ApopKa, FL 32703	3	
ARTICLE VIII EFFECTIVE DATE:	(OPTIONAL)	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific at	(OPTIONAL) nd cannot be more than five days prior or 90 days afte	er the filing.)
Note: If the date inserted in this block does not meet the appropriate document's effective date on the Department of State's reco		be listed as the
Having been named as registered agent to accept service certificate, I am Amiliar with and accept the appointment a		e designated in this
Mun A		7-2020
Required Signature of Registered	Agent Date	
I submit this document and affirm that the facts stated herei the Department of State constitutes a third degree felony as		ed in a document to
	11-1	7-2020
Required Signature of Incor	porator Date	