

N20000013741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

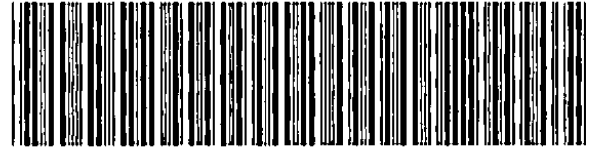
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600355863996

12/08/20--01023--031 **78.7

Desrick Thompson
12/15/2020

COVER LETTER

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

SUBJECT: 1 Dream 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: Ruth Cooper
Name (Printed or typed)

454 SW Tabor St.
Address

Port St. Lucie Fla. 34953
City, State & Zip

(561) 685-1230
Daytime Telephone number

coopersamerica@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME

The name of the corporation shall be: D Dream Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

4541 SW Tabor St.
Port St Lucie
Florida 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation shall be a not for profit corporation. The purpose is to renew hope and strengthen families confronted with medical or financial crisis in a weekend Get-away also meeting practical needs such as food, children's school supplies and holiday gifts. Said corporation is organized exclusively for charitable purposes. The power of this corporation shall be exercised, its properties controlled and its affairs conducted by a Board of Directors.

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

(3) may be either increased or diminished upon majority vote of Board of Directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Ruth Porter President</u>	Name and Title:	
Address	<u>4541 SW Tabor St.</u> <u>Port St Lucie</u> <u>Florida 34953</u>	Address:	
Name and Title:	<u>Lyreese Lyons Vice President</u>	Name and Title:	
Address	<u>4541 SW Tabor St.</u> <u>Port St Lucie</u> <u>Florida 34953</u>	Address:	
Name and Title:	<u>Lissette Cooper Secretary / Treasurer</u>	Name and Title:	
Address	<u>649 SW Fair Ave.</u> <u>Port St Lucie</u> <u>Florida 34953</u>	Address:	

Name and Title: _____ Address: _____

Name and Title: _____ Address: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Ruth Cooper
Address: 4541 SW Tabor St.
Port St Lucie Fla 34953

ARTICLE VII INCORPORATOR

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

Name: Ruth Cooper
Address: 4541 SW Tabor St.
Port St Lucie Florida 34953

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 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 on the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:

Ruth Cooper
Required Signature of Registered Agent

12/01/2020
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.

Ruth Cooper
Required Signature of Incorporator

12/01/2020
Date