## N20000014255

| (Req                      | uestor's Name)   |           |
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| /Add                      | ress)            |           |
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| (4.1)                     |                  |           |
| (Add                      | ress)            |           |
| (0)                       | 10: - =: 10:     |           |
| (City                     | /State/Zip/Phone | ÷#)       |
| PICK-UP                   | MAIT             | MAIL      |
|                           |                  |           |
| (Bus                      | iness Entity Nan | ne)       |
|                           |                  |           |
| (Doc                      | ument Number)    |           |
|                           |                  |           |
| Certified Copies          | Certificates     | of Status |
|                           |                  |           |
| Special Instructions to F | iling Officer:   |           |
|                           |                  |           |
|                           |                  |           |
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Office Use Only



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## **COVER LETTER**

| Department of State Division of Corporations |  |                                      |   |  |  |  |
|--|--|--------------------------------------|---|--|--|--|
| P. O. Box 6327<br>Tallahassee, FL 32314      |  |                                      |   |  |  |  |
| Living with P                                | urpose Institute Inc                         |                                      | ;   |  |  |  |
| SUBJECT:                                     | (PROPOSED CORPOR                             | ATE NAME - MUST INC                  | CLUDE SUFFIX)                                   |  |  |  |
| Enclosed is an original ar                   | nd one (1) copy of the Artic                 | les of Incorporation and             | a check for :                                   |  |  |  |
| ■ \$70.00<br>Filing Fee                      | ☐ \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee. Certified Copy & Certificate |  |  |  |
|  |  | ADDITIONAL CO                        | PY REQUIRED                                     |  |  |  |
| FROM:  | Shamika Downer                               | (Printed or typed)                   | _   |  |  |  |
|  | 2351 W Atlantic Blvd Unit 669271             |                                      |   |  |  |  |
|  | Address                                      |                                      |   |  |  |  |
|  | Pompano Beach FL, 33069  City, State & Zip   |                                      |   |  |  |  |
|  | 954-305-3295                                 |                                      |   |  |  |  |
|  | Daytime Telephone number                     |                                      |   |  |  |  |
|  | lwpinstitute@gmail.com                       |                                      |   |  |  |  |

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

E-mail address: (to be used for future annual report notification)

## ARTICLES OF INCORPORATION

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

| The name of t   | he corporation shall be: Living with Purpose   |   |   |                  | <del>_</del>  |
|---|--|---|---|------------------|---------------|
| ARTICLE II  | PRINCIPAL OFFICE   |   |   |                  |               |
|   | Principal street address:  |   | Mailing address, if different   | ent is:          |               |
| 235   | 1 W Atlantic Blvd Unit 669271  |   |   | 21770            |               |
| Por   | npano Beach FL, 33069  |   |   |                  | l             |
|   |  |   | <del></del>   | ~ <del></del>    | ,             |
|   |  | <del></del>   | ·   |                  |               |
| ARTICLE II  | <u>I PURPOSE</u>   | Au ( )  |   | =34              |               |
| The purpose   | for which the corporation is organized is:   | e Attached  | <del></del>   | - 12<br>         | '             |
|   |  |   |   |                  |               |
|   |  |   |   |                  |               |
|   |  |   |   |                  |               |
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|   |  |   |   |                  | <del></del> - |
|   |  |   |   |                  |               |
| ARTICLE IV  | / MANNER OF ELECTION The manner  | r in which the dire   | ctors are elected and appointed:  | As Provided In   | Bylav         |
| ARTICLE IV  |  | _   | ctors are elected and appointed:  | As Provided In   | Bylaw         |
| ARTICLE V   | INITIAL OFFICERS AND/OR DIRECTO  | <u>ORS</u>  | Eutyn Phillip-Payne Sec/Tre   |                  | Bylaw         |
| ARTICLE V<br>Name and Ti                                | INITIAL OFFICERS AND/OR DIRECTO  | ORS  Name and Title   | Eutyn Phillip-Payne Sec/Tre   | easurer          | Bylaw         |
| ARTICLE V   | INITIAL OFFICERS AND/OR DIRECTO  Shamika Downer President  | <u>ORS</u>  | Eulyn Phillip-Payne Sec/Tre   | easurer<br>69271 | Bylaw         |
| ARTICLE V<br>Name and Ti                                | INITIAL OFFICERS AND/OR DIRECTO the: Shamika Downer President 2351 W Atlantic Blvd Unit 669271   | ORS  Name and Title   | Eulyn Phillip-Payne Sec/Tre   | easurer<br>69271 | Bylaw         |
| ARTICLE V  Name and Til  Address                        | INITIAL OFFICERS AND/OR DIRECTO  tlc: Shamika Downer President  2351 W Atlantic Blvd Unit 669271  Pompano Beach FL, 33069  Donavan Stewart Chair of the Board  | ORS  Name and Title  Address:   | Eulyn Phillip-Payne Sec/Tre<br>2351 W Atlantic Blvd Unit 6<br>Pompano Beach FL, 33069 | easurer<br>69271 | Bylaw         |
| ARTICLE V  Name and Tit  Address  Name and Tit          | INITIAL OFFICERS AND/OR DIRECTO  tlc: Shamika Downer President  2351 W Atlantic Blvd Unit 669271  Pompano Beach FL, 33069  Donavan Stewart Chair of the Board  | ORS  Name and Title  Address:  Name and Title                         | Eulyn Phillip-Payne Sec/Tre   | easurer<br>69271 | Bylaw         |
| ARTICLE V  Name and Til  Address                        | INITIAL OFFICERS AND/OR DIRECTO tile: Shamika Downer President 2351 W Atlantic Blvd Unit 669271 Pompano Beach FL, 33069  Donavan Stewart Chair of the Board  | ORS  Name and Title  Address:   | Eulyn Phillip-Payne Sec/Tre<br>2351 W Atlantic Blvd Unit 6<br>Pompano Beach FL, 33069 | easurer<br>69271 | Bylaw         |
| ARTICLE V  Name and Tit  Address  Name and Tit          | INITIAL OFFICERS AND/OR DIRECTO  tlc: Shamika Downer President  2351 W Atlantic Blvd Unit 669271  Pompano Beach FL, 33069  Donavan Stewart Chair of the Board  2351 W Atlantic Blvd Unit 669271  | ORS  Name and Title  Address:  Name and Title                         | Eulyn Phillip-Payne Sec/Tre<br>2351 W Atlantic Blvd Unit 6<br>Pompano Beach FL, 33069 | easurer<br>69271 | Bylaw         |
| ARTICLE V  Name and Tit  Address  Name and Tit  Address | INITIAL OFFICERS AND/OR DIRECTO  tlc: Shamika Downer President  2351 W Atlantic Blvd Unit 669271  Pompano Beach FL, 33069  Donavan Stewart Chair of the Board  2351 W Atlantic Blvd Unit 669271  Pompano Beach FL, 33069                                   | ORS  Name and Title Address:  Name and Title Address:                 | Eulyn Phillip-Payne Sec/Tre  2351 W Atlantic Blvd Unit 6                              | easurer<br>69271 | Bylaw         |
| ARTICLE V  Name and Tit  Address  Address               | INITIAL OFFICERS AND/OR DIRECTO  tlc: Shamika Downer President  2351 W Atlantic Blvd Unit 669271  Pompano Beach FL, 33069  Donavan Stewart Chair of the Board  2351 W Atlantic Blvd Unit 669271  Pompano Beach FL, 33069                                   | ORS  Name and Title Address:  Name and Title Address:  Name and Title | Eulyn Phillip-Payne Sec/Tre<br>2351 W Atlantic Blvd Unit 6<br>Pompano Beach FL, 33069 | easurer<br>69271 | Bylaw         |
| ARTICLE V  Name and Tit  Address  Name and Tit  Address | INITIAL OFFICERS AND/OR DIRECTOR  Shamika Downer President  2351 W Atlantic Blvd Unit 669271  Pompano Beach FL, 33069  Donavan Stewart Chair of the Board  2351 W Atlantic Blvd Unit 669271  Pompano Beach FL, 33069  Richard Elam Vice Chair of the Board | ORS  Name and Title Address:  Name and Title Address:                 | Eulyn Phillip-Payne Sec/Tre  2351 W Atlantic Blvd Unit 6                              | easurer<br>69271 | Bylaw         |

| Name and Title            |  | Name and Title:  |  |
|---------------------------|--|--|--|
| Address                   |  | Address:   |  |
|                           |  |  |  |
| Name and Title            | ·  | Name and Title:  |  |
| Address                   |  | Address:   |  |
|                           |  | · <del> · *</del>  |  |
|                           |  | ·  |  |
| ARTICLE VI The name and 1 | <u>REGISTERED AGENT</u><br>Florida street address (P.O. Box <b>NO</b> T acce                   | ptable) of the registered agent                              | is:  |
| Name:                     | Shamika Downer   | <del></del> _  |  |
| Address:                  | 2351 W Atlantic Blvd Unit 6692   | 71   |  |
|                           | Pompano Beach FL, 33069  | •  |  |
| Name:                     | Shamika Downer   |  |  |
| Name:                     | 2351 W Atlantic Blvd Unit 6692   | <del></del>  |  |
| Address:                  | Pompano Beach FL, 33069  |  |  |
| ARTICLE VIII              | EFFECTIVE DATE:  |  |  |
| Effective date, i         | f other than the date of filing:date is listed, the date must be specific ar                   | . (OPT)  | IONAL)  days prior or 90 days after the filing.)                         |
|                           | te inserted in this block does not meet the ap   |  |  |
|                           | ective date on the Department of State's reco  |  | nements, this date with not be fished as the                             |
|                           | amed as registered agent to accept service<br>familiar with and accept the appointment a       |  | ted corporation at the place designated in th<br>to act in this capacity |
| (                         |  |  | 12/10/20   |
|                           | Required Signature of Registered   | Agent  | Date   |
| I submit this do          | cument and affirm that the facts stated here<br>int of State constitutes a third degree felony | ein are true. I am aware that as provided for in \$.817.155. | any false information submitted in a docume<br>E.S.                      |
|                           |  |  | 12/10/20   |
|                           | Required Signature of Incor  | norator  | Date   |

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.