

COVER LETTER

FILED
2021 JAN -7 PM 4:56

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

SUBJECT: THE LIP 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: ALEX CHISHOLM

Name (Printed or typed)

1514 NW 183RD TERRACE

Address

PEMBROKE PINES, FL 33029

City, State & Zip

954-670-3297

Daytime Telephone number

lipfoundation305@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 LIP FOUNDATION, INC.

The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

1514 NW 183RD TERRACE

PEMBROKE PINES, FL 33029

Mailing address, if different is: 2021 NW 7 PH 4: 56

ARTICLE III PURPOSE

The Corporation is organized and operated exclusively for charitable,

religious, educational and scientific purposes within the meaning of 501(c) (3) of the Internal Revenue Code or corresponding

sections of any future Federal Tax Code(s). Upon Dissolution of the corporation, assets shall be distributed for one or more exempt

purpose within the meaning of Section 501(c)(3) of the Internal Revenue Code or corresponding sections of any future tax code, or

shall be distributed to the Federal Government or State or Local Government for public purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors will be

nominated by a majority vote required of the present members at the annual election meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alex Chisholm - CEO

Address

1514 NW 183rd Terrace

Pembroke Pines, Florida 33029

Name and Title: Florence Gaspard - Officer

Address:

550 NW 144th Street

Miami, FL 3368

Name and Title: Pricilla Wheeler - Officer

Address

1514 NW 183rd Terrace

Pembroke Pines, Florida 33029

Name and Title: Rosa Amalia Soroka - Officer

Address:

16960 NW 55th Ave.

Miami FL 33055

Name and Title: Stephen Edwards - Officer

Address

1514 NW 183rd Terrace

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: Alex Chisholm
Address: 1514 NW 183rd Terrace
Pembroke Pines, Florida 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alex Chisholm
Address: 1514 NW 183rd Terrace
Pembroke Pines, Florida 33029

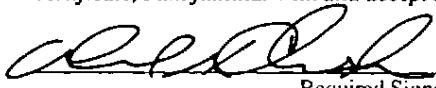
ARTICLE VIII EFFECTIVE DATE: 12/18/2020

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

12/28/2020
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

12/28/2020
Date