

N21000003060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

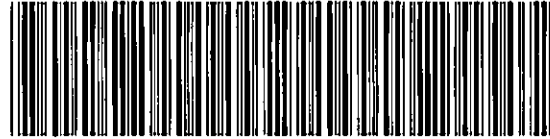
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR 18 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FL

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4/23/21

COVER LETTER

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

SUBJECT: M. A. D. E 4 U 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: Francelonne Jones
Name (Printed or typed)

4021 Morgan Rd.
Address

Tallahassee, FL 32305
City, State & Zip

850-296-4242
Daytime Telephone number

Francj520@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)

FILED

ARTICLE I NAME

The name of the corporation shall be: N.A.D.E 4 U INC 2021 MAR 18 PM 4: 50

ARTICLE II PRINCIPAL OFFICE

SECRETARY OF STATE
TALLAHASSEE, FL

Principal street address:

Mailing address, if different is:

4021 Morgan Rd.
Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Help broken Kids & women
to find their purpose, Find a way to heal.

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

In the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President		Vice President	
Name and Title:	<u>Francienne Jones</u>	Name and Title:	<u>Douglas Jones</u>
Address	<u>4021 Morgan Rd.</u> <u>Tallahassee, FL 32305</u>	Address:	<u>4021 Morgan Rd.</u> <u>Tallahassee, FL 32305</u>

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Franceanne Jones
Address: 4021 Morgan Rd.
Tallahassee FL 32305

2021 MAR 18 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Franceanne Jones
Address: 4021 Morgan Rd
Tallahassee, FL 32305

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.

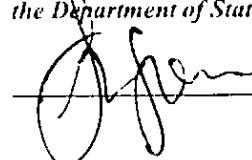
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

3/18/2021
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

3/18/2021
Date