

N21000005278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP



WAIT

☐ MAIL

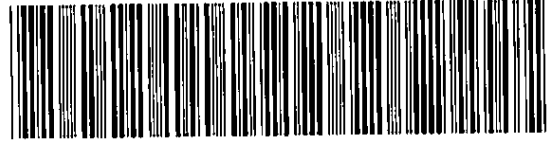
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/03/21--01017--013 **70.00

2021 MAY -3 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FL
RECEIVED
2021 MAY -3 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: The TRAP Outreach And Business Center 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: Bernadia Samuels
Name (Printed or typed)

1854 W 24th Street
Address

Jacksonville, FL 32209
City, State & Zip

904-405-0241
Daytime Telephone number

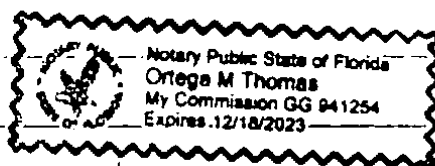
Bernadia Samuels@gmail.com
E-mail address: (to be used for future annual report notification)

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

I, Bernadia Samuels, owner of
the TRAF Outreach and Business Center
P190000669806 EIN 84-3885045
Inc., chooses to Dissolve for profit
status of Registered Business. I also
consent to keep Business name for
Non Profit Business.

Bernadia Samuels 4-28-2021
Bernadia Samuels

Has no intention to Revoke this
decision, rather establish with same
name for non profit



[Signature]
5/1/2021

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

ARTICLE I NAME

The name of the corporation shall be: The TRAP Outreach & Business Center Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1854 W 24th Street
Jacksonville, Florida
32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Community Development
Workforce Development and Personal
Development for at risk youth and troubled
teens. Our focus is to implement structure and
stability dealing with the Socio-economic structure
to in order to reduce violence, poverty, suicide
unemployment and teen pregnancy rate in our community

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

will be provided in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Bernadia Samuels
President

Name and Title:

Address:

1854 W 24th St
Jacksonville, FL 32209

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAY -3 PM 12:05

FILED

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: Bernadia Samuels
Address: 1854 W 24th Street
Jacksonville, FL 32209

SECTION OF THE STATE
TALLahassee, FL

2021 MAY -3 PM 12: 05

ED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bernadia Samuels
Address: 1854 W 24th St
Jacksonville, FL 32209

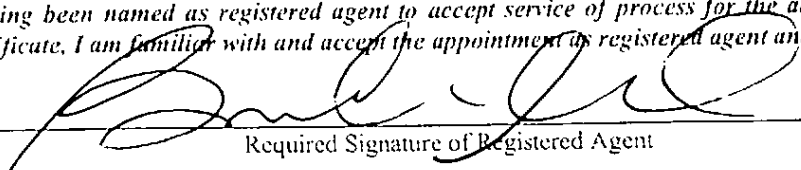
ARTICLE VIII EFFECTIVE DATE:

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.)

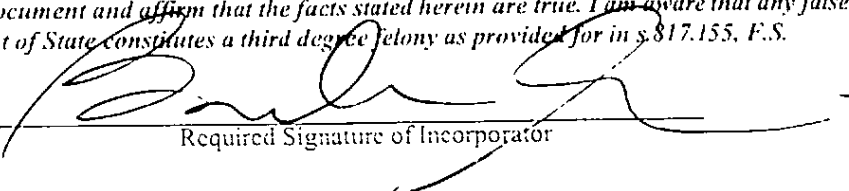
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/3/21
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

5/3/21
Date