

N21000006385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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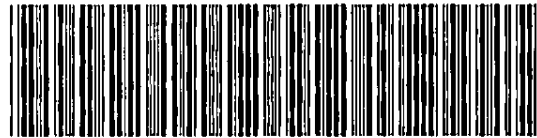
(Business Entity Name)

(Document Number)

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J DENNIS
MAY 26 2021

COVER LETTER

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

SUBJECT: Inclusion Matters of Central Florida, 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: Katherine Weideman, RENOSI Law, P.A.
Name (Printed or typed)

13506 Summerport Village Parkway, #1506
Address

Windermere, FL 34786
City, State & Zip

407-554-4656
Daytime Telephone number

Kathy@nonprofitlaw.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 name of the corporation shall be Inclusion Matters of Central Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal Street Address:

8069 Wellsmere Circle

Orlando, FL 32835

ARTICLE III PURPOSE

Inclusion Matters, where every ability is uplifted through advocacy, resources, the acceptance, and involvement in the community. The corporation is organized and will be operated exclusively for charitable and educational purposes within the meaning of 501(c)(3) of the Internal Revenue Code. (All references to sections in these Articles refer to the Internal Revenue Code of 1986 as amended or to comparable sections of subsequent internal revenue laws.) In pursuance of these purposes, it shall do all things necessary, proper, and consistent with maintaining tax exempt status under section 501 (c)(3).

ARTICLE IV MANNER OF ELECTION

The manner in which directors are elected and appointed is as provided in the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Katherine Velez, President
8069 Wellsmere Circle
Orlando, FL 32835

Angela Gil, Treasurer
8069 Wellsmere Circle
Orlando, FL 32835

Edgardo Velazquez, Officer
8069 Wellsmere Circle
Orlando, FL 32835

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the Registered Agent is:

Angela Gil
8069 Wellsmere Circle
Orlando, FL 32835

ARTICLE VII **INCORPORATOR**

The name and Florida street address of the Incorporator is:

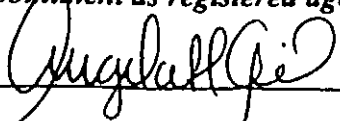
Angela Gil
8069 Wellsmere Circle
Orlando, FL 32835

ARTICLE VIII **ADDITIONAL PROVISIONS**

No part of the net earnings of the corporation shall inure to the benefit of or be distributed to any director, employee or other individual, partnership, estate, trust or corporation having a personal or private interest in the corporation. Compensation for services actually rendered and reimbursement for expenses actually incurred in attending to the affairs of this corporation shall be limited to reasonable amounts. No substantial amount of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation and this corporation shall not intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles or of any Bylaws adopted thereunder, this corporation shall not take any action not permitted by the laws which then apply to this corporation.

Upon dissolution of the corporation, its assets shall be disposed of exclusively for the purposes of the corporation or distributed to such organizations organized and operated exclusively for charitable purposes which shall, at the time, qualify as exempt organizations under section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose.

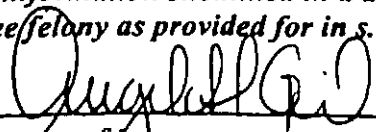
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature of Registered Agent

4/23/2021
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.



Signature of Incorporator

4/23/2021
Date