

N21000006464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

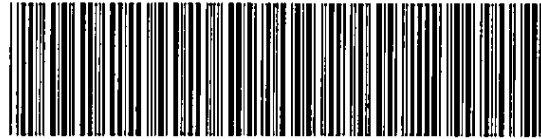
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2021 JUN -1 PM 3:50

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## COVER LETTER

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

SUBJECT: "I FEEL THE NEED TO..." (NOT FOR PROFIT)  
(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: OWEN N. GRACE  
Name (Printed or typed)

2635 LOOTRIDGE DR.  
Address

ORANGE PARK, FL 32065  
City, State & Zip

313.674.1810  
Daytime Telephone number

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

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

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17-1279

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

**ARTICLE I NAME**

The name of the corporation shall be: "I FEEL THE NEED TO..." (NOT FOR PROFIT)

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2635 LOTTIDEE DR.  
ORANGE PARK, FL (US) 32065

Mailing address, if different is:

2635 LOTTIDEE DR.  
ORANGE PARK, FL 32065

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO OFFER VALUE TO THE MARKETPLACE,  
CORPORATE AND NON PROFIT COMMUNITIES THROUGH ENTERTAINMENT,  
MUSIC, FILM, TELEVISION, LITERARY, MEDIA, BUSINESS, FINANCE  
SPORTS, ETC., AS A 501 (C)(2) MODEL.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: AS PROVIDED FOR IN  
THE BYLAWS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: OWEN N. GRAE (CHAIRMAN) Name and Title: \_\_\_\_\_

Address: 2635 LOTTIDEE DR. Address: \_\_\_\_\_  
ORANGE PARK, FL 32065 (US)

Name and Title: OWEN N. GRAE (CEO) Name and Title: \_\_\_\_\_

Address: 2635 LOTTIDEE DR. Address: \_\_\_\_\_  
ORANGE PARK, FL 32065 (US)

Name and Title: OWEN N. GRAE (CA) Name and Title: \_\_\_\_\_

Address: 2635 LOTTIDEE DR. Address: \_\_\_\_\_  
ORANGE PARK, FL 32065 (US)

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JUL 19

Name and Title: OWEN N. GRACE (TREASURER) 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: OWEN N. GRACE

Address: 2635 LOOPRIDGE DR.  
GRANGE PARK, FL (US) 32065

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: OWEN N. GRACE

Address: 2635 LOOPRIDGE DR.  
GRANGE PARK, FL (US) 32065

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JUNE 1, 2021 (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

OWEN N. GRACE

Required Signature of Registered Agent

JUNE 1, 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.

OWEN N. GRACE

Required Signature of Incorporator

JUNE 1, 2021

Date

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JUN 1 2021