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21 MAY -6 AM 3: 34
SECREGATION AND ANALYSIS OF THE ANALYSIS OF

50 13/21

## **COVER LETTER**

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

SUBJECT: _	Inmate	to Impact 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 □ \$78.75 □ \$78.75 □ \$87.50

Filing Fee Filing Fee & Filing Fee, & Certificate of Status & Certified Copy & Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	Kyla Durant Name (Printed or typed)	21 MA SECRE FALLAH	
	4100 N 58th ave Apt 304 Address	A 500 50 50 50 50 50 50 50 50 50 50 50 50	
	Hollywood FL 33021 City, State & Zip	AM 3: 34	
	(305) 926-0002 Daytime Telephone number		

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

E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME  The name of the corporation shall be:nmate	to Impact Inc.	
ARTICLE II PRINCIPAL OFFICE	l	· •
Principal <u>street</u> address: 4100 N 58 <sup>th</sup> ave Apt 3	_	ess, if different is:
Hollyword, FL 33021		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  and older who have been rece  ion will carry out the exempt ch  Services to women in need. The contraction with re-entry in to the  women can qualify for financial for  other necessities and resources to  ARTICLE IV MANNER OF ELECTION The ma  appointment of the CEO.	ently released from federal aritable and educational pur or poration will help the wair communities. Through the funding towards bettering the they can benefit from.	el prison. The corporations of providing owner have a better corporation the eir future, as well as
Name and Title: Kyla Durant - CEO  Address 4100 N 58th ave  Apt. 304  Hollywood, FL 33021  Name and Title:  Address	Name and Title:  Address:  Name and Title:	<del></del>
Name and Title:Address	Name and Title:  Address:	<del></del>

Name and Title	· • • <del></del>	Name and Title:	<del></del>
Address		Address:	<del></del>
Name and Title	·	Name and Title:	
Address	•		
Address .		Address:	
-		<del> </del>	
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT accep	otable) of the registered agent is:	A S .
Name:	Kyla Durent		FIL 21 MAY -6 SECRETARY SECRETARY
Address:	4100 N 58" ave Apt	•	Nesk Nesk
	Hollywood FL 33021	<u></u>	
ARTICLE VII The name and a	INCORPORATOR ddress of the Incorporator is:		FILED 21 MAY -6 AM 3: 34 SECRETARY OF STAR
Name:	Kyla Durant	<del></del>	
Address:	4100 N 58 ave A	ot 304	
	Hollyword, FL 33021		
Effective date, if	EFFECTIVE DATE: other than the date of filing: (e 17)	(OPTIONAL)	
If an effective d	ate is listed, the date must be specific and	d cannot be more than five days prior or 9	00 days after the filing.)
Note: If the date locument's effec	inserted in this block does not meet the app tive date on the Department of State's recor	plicable statutory filing requirements, this da rds.	ite will not be listed as the
laving been nan ertificate, I am fi	ned as registered agent to accept service of amiliar with and accept the appointment as	f process for the above stated corporation a registered agent and agree to act in this capa	at the place designated in this acity
·,	Required Signature of Registered A		+/16 /21
			Date
submit this docu he Department of	ment and affirm that the facts stated herein f State constitutes a third degree felony as pi	are true. I am aware that any false informati rovided for in s.817,155, F.S.	on submitted in a document to
	KD +	4	114/21
•	Required Signature of Incorpo	orator	//w/2/ Date