

N21000008018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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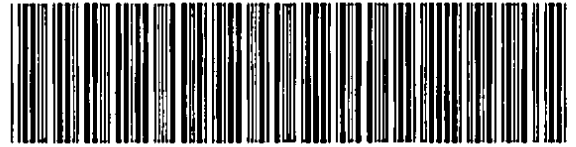
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: BeYond SER, 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: Stephanie E. Russell
Name (Printed or typed)

3814 SW 68th Ave
Address

Miramar, Fl 33023
City, State & Zip

954-673-2195
Daytime Telephone number

srussell@faithinflorida.org

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: BeYond SER, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3814 SW 68th Ave

Miramar, Fl 33023

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this organization is to go beyond restrictions, barriers and life challenges that prevent people of all races, all cultures, all religion, and all denominations from living a fair, free, and progressive life. Through providing variety of services that would support and assist with lifting restrictions, breaking barriers, and provide life coping skill to deal with life challenges including grief, our objectives are to strengthen, educate, encourage, engage, and empower individuals to rise beyond.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephanie E. Russell-President

Address: 3814 SW 68th Ave
Miramar, Fl 33023

Name and Title: Dr. Sabrina Hurst- Secretary

Address: PO Box 693133
Miami, Fl. 33269

Name and Title: Pastor Gregory Thompson-VP1

Address: 12145 NW 27th Ave
Miami, Fl. 33167

Name and Title: _____

Address: _____

Name and Title: Dr. Patricia Hauser-VP2

Address: 5805 Breckenridge Parkway Ste B
Tampa, Fl. 33610

Name and Title: _____

Address: _____

Name and Title: Pamela Shuler-V. Press.

Name and Title: _____

Address 1835 NW 190th Terr.
Miami Gardens, Fl. 33056

Address: _____

Name and Title: Patricia Lester- Treasurer

Name and Title: _____

Address 3195 Foxcroft Road F 206
Miramar, Fl. 33025

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Stephanie E. Russell
Address: 3814 SW 68th Ave
Miramar, Fl 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephanie E. Russell
Address: 3814 SW 68th Ave
Miramar, Fl 33023

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

Stephanie E. Russell
Required Signature of Registered Agent

06/22/21
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.

Stephanie E. Russell
Required Signature of Incorporator

06/22/21
Date