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TALLAHASSEE FI ASIE

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

SUBJECT: Dharma Relief, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : \$87.50 □ \$70.00 □ \$78.75 □\$78.75 Filing Fee & Filing Fee, Filing Fee Filing Fee Certificate of & Certified Copy Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED FROM: Frances S Berry Name (Printed or typed) 1310 N. Paul Russell Rd. Address Tallahassee, FL 32301 City, State & Zip 8502228203 Daytime Telephone number frnberry@gmail.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)

<u>ARTICL</u>	E II PRINCIPAL OFFICE			
	Principal street address:		Mailing address, if different is:	
_	1310 N. Paul Russell Rd.		g dates, if directly is.	
<u>-</u>	Tallahassee, FL 32301			
teachers,		tainable living in No		15.,
ADTICE S	THE MANUER OF THE TOTAL			
KIICLE	by the tounder on the NITIAL OFFICERS AND/OR DIE	vermaining B	irectors are elected and appointed: The initial Board of all future Olivectors will odust members,	of plrec
LOSEN IRTICLE	Title: Guo Gu, President	vermining B RECTORS Name and Ti	od will future Olivectors will od will members,	of Direct
LOSEN IRTICLE	by the tounder on the NITIAL OFFICERS AND/OR DIE	vermining B RECTORS Name and Ti	oded members,	of Direct
Nas Ayf No Sen Name and Address	Title: Guo Gu, President 2010 Glennridge Dr.	Name and Ti	de Sara Khan, Secretary 2864 Blue Blossom Trail	of plreci
Name and Tame and Tame	Title: Guo Gu, President 2010 Glennridge Dr. Tallahassee 32308	Name and Tit Name and Tit	le: Sara Khan, Secretary 2864 Blue Blossom Trail Tallahassee, Fl. 32308	of plrec
Name and Tame and Tame and Tame	Title: Guo Gu, President 2010 Glennridge Dr. Tallahassee 32308 Title: Fran Berry, Vice President	Name and Ti	Ile: Sara Khan, Secretary 2864 Blue Blossom Trail Tallahassee, Fl. 32308 Ile: Nicole Yan, Treasurer 5130 S. University Ave. Chicago, IL 60637	of place
Name and Tame and Tam	Title: Guo Gu, President 2010 Glennridge Dr. Tallahassee 32308 Title: Fran Berry, Vice President 1540 Marion Ave. Tallahassee, FL 32303	Name and Tit Address: Address: Address:	le: Sara Khan, Secretary 2864 Blue Blossom Trail Tallahassee, Fl. 32308 le: Nicole Yan, Treasurer 5130 S. University Ave. Chicago, IL 60637	71
Name and Tame and Tam	Title: Guo Gu, President 2010 Glennridge Dr. Tallahassee 32308 Title: Fran Berry, Vice President 1540 Marion Ave.	Name and Ti	Ic: Sara Khan, Secretary 2864 Blue Blossom Trail Tallahassee, Fl. 32308 Ic: Nicole Yan, Treasurer 5130 S. University Ave. Chicago, IL 60637	11 b

Name and Title	: <u>.</u>	Name and Title:	
Address		Address:	
Name and Title	·	Name and Title:	
Address		Address:	
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ARTICLE VI The name and F	<u>REGISTERED AGENT</u> Florida street address (P.O. B	ox NOT acceptable) of the registered agent is:	
Name:	Dr. Jimmy Yu (Guo Gu)		20
Address:	2010 Glennridge Dr.		FIII
	Tallahassee, FL 32308		S25 6
	INCORPORATOR ddress of the Incorporator is: Dr. Jimmy Yu (Guo Gu)	-Frances Serry	PM 4: 35
Address;		-Frances Sperry 1310 N. Paul Rusial K	4,
	Tallahassee, FL 32308		
Effective date, if (If an effective d	EFFECTIVE DATE: other than the date of filing: late is listed, the date must b	e specific and cannot be more than five days prio	r or 90 days after the filing.)
Note: If the date document's effect	inserted in this block does no tive date on the Department of	ot meet the applicable statutory filing requirements, the State's records.	his date will not be listed as the
Having been nan certificate, I am f	umiaur wan and accept the ap	cept service of process for the above stated corporal pointment as registered agent and agree to act in this	s capacity
	Required Signature	Registered Agent	0/21/21 Date
I submit this docu the Department o	iment and affirm that the facts f State constitutes a third deer	s stated herein are true. I am aware that any false info	ormation submitted in a document to
	transf	L Beun ture of Incorporator	me 16 tod /
	Required Signal	ture of Incorporator	Date /