

NZ10000009253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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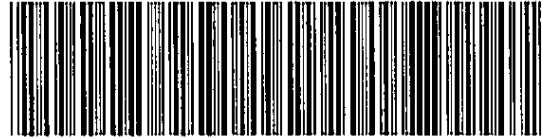
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/26/21--01036--027 **78.75

2021 JUL 26 AM 9:02

COVER LETTER

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

SUBJECT: RISE UP 4 TOMORROW 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: LOVETTE DOBSON

Name (Printed or typed)

17350 STATE HWY 249 #220

Address

HOUSTON, TX 77064

City, State & Zip

888-462-3453

Daytime Telephone number

EFILE1234@INCFIL.COM

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: RISE UP 4 TOMORROW INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1823 SW 21 ST

FT LAUDERDALE, FLORIDA 33315

BROWARD

Mailing address, if different is:

PO BOX 936481,

MARGATE, FLORIDA 33093

BROWARD

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To help single mothers and young girls get back on their feet. We will teach them various skills that will be beneficial in the long run. We will also provide clothing, food, toys, etc for the kids.

2021 FEB 26 AM 9:00

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sailanda Joseph (DIRECTOR)

Name and Title: Kensley Jean (DIRECTOR)

Address 3951 Nw 52nd Ave,

Address: 3951 Nw 52nd Ave,

Lauderdale Lakes FL 33319

Lauderdale Lakes FL 33319

Name and Title: Fanes Priva (DIRECTOR)

Name and Title: _____

Address 3951 Nw 52nd Ave,

Address: _____

Lauderdale Lakes FL 33319

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ 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: LEGALINC CORPORATE SERVICES INC.

Address: 5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS 33907

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LOVETTE DOBSON

Address: 17350 STATE HWY 249 #220

HOUSTON, TX 77064

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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

Wesley Dolan

Required Signature of Registered Agent

07/20/2021

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.

Lovette Dobson

Required Signature of Incorporator

07/20/2021

Date