۰۰,

(Requestor's Nar	me)
(Address)	
(Address)	
(City/State/Zip/Pi	none #)
	MAIL
(Business Entity	Name)
(Document Num)	ber)
Certified Copies Certific	ates of Status
Special Instructions to Filing Officer:	
Office Use	Only



.- .

ية 1.0

5 / 1 5: N7 Ĵ,



July 21, 2021

:

Secretary of State Department of State

Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 (850) 245-6052

Re: Request to File Articles of Incorporation

Dear Secretary:

Enclosed are the original and three copies of the Articles of Incorporation of **Urban Edge Community Development Corporation** which are submitted for filing. Please forward one copy to the Attorney General and return two certified copies to me at:

Urban Edge Community Development Corporation Attn. Anthony Chambers. 2804 Serenity Circle South Fort Pierce Florida, 34981 760-559-3757

Also enclosed is a check for $\frac{7875}{724}$ payable to the Secretary of State to cover the filing fee.

Thank you for your prompt attention to this matter. Please contact me should any questions arise.

Sincerely,



COVER LETTER

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

Urban Edge Community Development Corporation

SUBJECT: _____

(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

Anthony Chambers

FROM: _____

Name (Printed or typed)

2804 Serenity Circle South

Address

Fort Pierce Florida, 34981

City, State & Zip

760-559-3757

Daytime Telephone number

illuminedinnovations@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)

ARTICLE 1 N The name of the c	VAME orporation shall be:		nunity Developmen	t Corporation
<u>ARTICLE II I</u>	PRINCIPAL OFFICE			
	Principal street address	i.		Mailing address, if different is:
)4 Serenity Circle So			
Foi	rt Pierce Florida, 34	981		
ARTICLE III The purpose for v to develop support housing.	which the corporation is and revitalize communiti	s organized is: es, that are impoveris	hed and suffering from	n economic blithe, with senior, veteran and affordable
·				
<u>ARTICLE IV</u>		TIONThe manner n accordance wit		n's bylaws.
ARTICLE V	INITIAL OFFICERS			
Name and Title:	Anthony Chambe	ers, CFO	Name and Title:	Angela Brazell, Marketing
Address	2804 Serenity Circ		_ Address:	2804 Serenity Circle South
	Fort Pierce Florid	a, 34981	- –	Fort Pierce Florida, 34981
Name and Title:	Stormi M. Chaml	pers, CEO		
Address	2804 Serenity Ci		_ Address:	
Address .	Fort Pierce Floric			
		_		
Name and Title	Claudia Teieda.	Secretary	Name and Title:_	
Address	2804 Serenity Ci			
MUULOO	Fort Pierce Flo			

·	 Name and Title:
	Address:
	 Name and Title:
	 _ Address:

ARTICLE VI REGISTERED AGENT

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

	Anthony Chambers			
Name:	2804 Serenity Circle South			
Address:	Fort Pierce Florida, 34981			
	For Flore Florida, 54904			

ARTICLE VII INCORPORATOR

The <u>name and a</u>	address of the Incorporator is: Anthony Chambers	
Name:	2804 Serenity Circle South	
Address:	Fort Pierce Florida, 34981	

ARTICLE VIII EFFECTIVE DATE:

_____. (OPTIONAL) Effective date, if other than the date of filing: _ (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

$\langle \bigcirc$	

07-31-2021

Required Signature of Registered Agent

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.

07-31-2021

Required Signature of Incorporator

Date

Date