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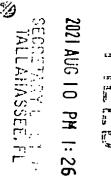
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

□ \$70.00

Department of State

□ \$78.75

□\$78.75

\$87.50

Filing Fee

Filing Fee &

Filing Fee

Filing Fee,

Certificate of Status

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Doreen Winsell or typed)

Name (Printed or typed)

6709 Rubens Ct

Orlando FL 32818

(40)375-6573

2021 AUG 10 PM 1: 2

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 NAME The name of the corporation	shall be:	sic Beyond	Inc.	
ARTICLE II PRINCIPA	<u>4L OFFICE</u>	i		
	street address: 9 Rubens Ct.		Mailing address, if differen	t is:
0/1	ando, FL 32818	<u> </u>		
to commune chikiren and The service resources on educate the in	D OF FLECTION The man	ration and indiving and indiving and individual and	cutreach tace Iduals prime each and the orities and offe usic and offe are elected and appointed:	enhance, and lexpressions.
	ve elected and af officers and/or direc		elly by girele	bicana and voting.
Name and Title: Jul Address		President Name and Title: Address:	Rea Merki 6709 Ruben Orlando, FL	
Address 5X	ando FL 328		0	2021 AUG 10 PM
Name and Title: 100 Address	scith Brockir 25 Canvasbac Iunclo, FL 32			26
				

Name and Title:	Name and Title:	-	
Address	Address:	_	
		-	
		-	
Name and Title:	Name and Title:	-	
Address	Address:	-	
		-	
		-	
ARTICLE VI REGISTERED AGENT	19	207	
The name and Florida street address (P.O. Box NOT acce	ptable) of the registered agent is:	2	
Name: Dorsen Johns	<u>on</u>	2021 AUG 1 O	merce 13
Address: 6209 Rubens	Ct.		i FFI
 -	52818	PM	Ö
	28 0 10	1: 21	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		01	
Name: Direen John	SON		
Address: 6709 Rubens	<u>, Ct.</u>		
Orlando FL 3	32818		
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific a	OPTIONAL) and cannot be more than five days prior or 90 days after	er the fi	iling.)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's real	applicable statutory filing requirements, this date will not		
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment	as registered agent and agree to act in this cupacity	,	
Required Signature of Registered	S D Date		
I submit this document and affirm that the facts stated here the Department of State constitutes a third degree felony as	ein are true. I am aware that any false information submitt	ed in a c	document to
Required Signature of Inco	8/06 Date	120	121
Required Signature of Inco	orporator / Date	1	