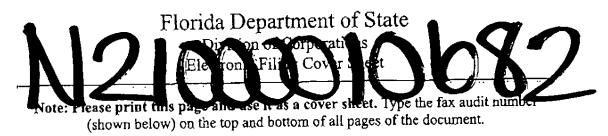
8/26/2021

Division of Corporations



(((H210003208343)))



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: (850)617-6381

From:

Account Name : KAYALI & CO., P.A. Account Number : I20160000100 Phone : (813)899-9642

Fax Number

: (813)899-9793

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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# FLORIDA PROFIT/NON PROFIT CORPORATION EVERY CHILD MATTERS (E.C.M.) INC.

| Certificate of Status | 0       |
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September 7, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

KAYALI & CO., P.A.

SUBJECT: EVERY CHILD MATTERS (E.C.M.) INC

REF: W21000117973

We have received your document for EVERY CHILD MATTERS (E.C.M.) INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

Conflicting document number: N13000002192

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jalesa S Dennis Regulatory Specialist II

FAX Aud. #: H21000320834 Letter Number: 021A00020746

#### ARTICLES OF INCORPORATION

### In compliance with Chapter 617, F.S., (Not for Profit)

|                  |                              | in compnance with oneph                       |                                    | ,                                 |                   |
|------------------|------------------------------|---|------------------------------------|-----------------------------------|-------------------|
| ARTICLE !        | NAME                         |   |                                    |                                   |                   |
| The name of th   | e corporation shall be:      | Every Child Matters ECM,                      | Inc                                |                                   |                   |
| ARTICLE II       | PRINCIPALOFFIC               | <u>E</u>                                      | ,                                  |                                   |                   |
|                  | Principal <u>street</u> addr | ess:  | Mailin                             | ng address, if different is:      |                   |
|                  | 20102 Natures Hike           | way Tampa, FL 33647                           |                                    |                                   |                   |
| ARTICLE III      | PURPOSE                      | for profit emities that it's total focus is p | roviding access to nutritious food | d, and education across the globs |                   |
| <u>ARTICLEJY</u> | MANNER OF ELL                | CCTION The manner                             | in which the directors a           | re elected and appointed:         | _Directors are to |
| be appointed.    |                              | <del> </del>                                  |                                    |                                   |                   |
| ARTICLE V        | <u>INITIAL OFFICE</u>        | RS AND/OR DIRECTORS                           |                                    |                                   |                   |
| Name and Ti      | tle: Ahmed Youssef Pro       | sident  |                                    |                                   |                   |
| Address 201      | 02 Natures Hike Way T        | ampa FL 33647                                 |                                    |                                   |                   |
|                  | e: Safa Ibrahim Vice P       |   |                                    |                                   |                   |
| Address 201      | 02 Natures Hike way Ta       | ımpa FL 33647                                 |                                    |                                   |                   |
| Name and T.      | tle:Nadir Bakali Treasu      | ге  |                                    |                                   |                   |
| Address 120      | 48 Jewel fish lane Orlar     | ndo FL 32827                                  |                                    |                                   |                   |
| Name and T       | itle: Sultan Chaudhry Se     | ecrotary                                      |                                    |                                   | MOTSEL -8 MAID: 3 |
| Address 280      | 2 Hammock Dr Plant Ci        | ity, FL 33566 .                               |                                    |                                   | 四 [4]             |
| Name and Titl    | <b>e</b> :                   |   | •                                  |                                   |                   |
| Address          |                              |   |                                    |                                   | 5 6 6             |

#### ARTICLE VI DISSOLUTION

Upon the dissolution of this organization, assets shall be distributed to one or more exempt purpose organizations within the meaning of section 501 (C) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

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## H210003208343

| ARTICLE VII REGISTERED AGENT  | _  |
|---|--|
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent i   | S;   |
| Name: Ahmed Youssel   |  |
| Address: 20102 Natures hike way Tampa, Fl 33647   |  |
| ARTICLE VIII INCORPORATOR The name and address of the Incorporator is:  |  |
| Name: Ahmed Youssef   |  |
| Address: 20102 Natures hike way Tampa FL 33647  |  |
| ARTICLE IX EFFECTIVE DATE:  Effective date, if other than the date of filing: 09/30/2021 (OPTION (If an effective date is listed, the date must be specific and cannot be more than five date |  |
| Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.                               | nents, this date will not be listed as the                             |
| Having been named as registered agent to accept service of process for the above stated of certificate, I am familiar with and accept the appointment as registered agent and agree to        | corporation at the place designated in this<br>to act in this capacity |
|   | 07/26/2021   |
| Required Signature of Registered Agent  | 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.

Required Signature of Incorporator

07/26/2021

Date

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