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| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| | | |
| Special Instructions to Filing Officer: | | |
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| | | |
| Office Use Only | | |
| Since Ose Only | | |
| T. SCOTT | | |



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COVER LETTER

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

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

2 \$70.00 Filing Fee

S78.75 Filing Fee & Certificate of Status ■\$78.75 Filing Fee & Certified Copy

\$87.50
Filing Fee.
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or typed)

David Rosen

3458 Lakeshore Drive

Address

Tallahassee FL 32312

City, State & Zip

647-885-0426

Daytime Telephone number

dr@davidtrosen.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



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ARTICLES OF INCORPORATION

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

| ARTICLE I The name of the | corporation shall be: Coop Give | Inc | |
|------------------------------|--|--|--------------------|
| <u>ARTICLE II</u> | PRINCIPAL OFFICE | | |
| | Principal <u>street</u> address: 3458 Lakeshore Drive | Mailing address, if different is: | |
| | Tallahassee FL 32312 | | |
| | | | |
| • • | r which the corporation is organized is: | s corporation is organized exclusively for charitable p (c)(3), namely: to provide relief for the poor and th | |
| by sponsoring | g online services to help raise funds fo | or entrepreneurial, vocational or philanthropic inte | erventions as well |
| as any other | helpful services to those in need. It will | also implement inspirational events, sessions, co | ourses and similar |
| informative a | ctivities with the goal that every perso | on, family, worker, small business owner or job | seeker become |
| satisfied, stre | ess free and financially stable. In the e | event of this corporation's dissolution all remaini | ng assets will be |
| distributed b | y the directors to other IRS 501(c)(3) | recognized charitable organizations with simila | ar purposes. |
| <u>ARTICLE IV</u> | | anner in which the directors are elected and appointed: | |
| Name and Title | Rosen, David Dir Pres | Name and Title: | _ |
| Address | 3458 Lakeshore Drive | Address: | <u> </u> |
| | Tallahassee FL 32312 | | |
| Name and Title | Sutherland, Keith Dir | Name and Title: | _ |
| Address | 10 Goddard Street | Address: | |
| . (ddfc55 | Toronto ON M3H 5C6 Canada | | |
| | | | |
| Name and Title | Goldstein, Shai Dir | Name and Title: | 21281 OCT 22 |
| Address _ | 7571 Courtyard Run | Address: | 22 |
| | Boca Raton FL 33433 | | |
| | | | AK : 56 |

| Name and Title: | Name and Title: | |
|-----------------|-----------------|--|
| Address | Address: | |
| | | |
| | | |
| | | |
| Name and Title: | Name and Title: | |
| Address | Address: | |
| <u></u> | | |
| | | |

ARTICLE VI REGISTERED AGENT

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

| Name: | URS AGENTS, LLC | |
|----------|----------------------|--|
| Address: | 3458 Lakeshore Drive | |
| | Tallahassee FL 32312 | |

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

| Name: | David Rosen | |
|----------|--------------------------------|--|
| Address: | 131 Bloor St West, Ste 200-229 | |
| | Toronto, ON, M5S 1R8 Canada | |

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 us registered agent and ugree to act in this capacity Kristen Ellison, Asst. Secretary 08/31/20. Required Signature of Registered Agent 08/31/2021

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

<u>/ ⁶ . // , ²/</u> Date

Date