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(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	TIAW	MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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

SUBJECT:	ESSIE COVES FOUNDATION COVPONATION (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

□\$**7**8.75

Filing Fee

□ \$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Felicia Allen-HILL
Name (Printed or typed)

2444 Classie Allen 2n.

WHASSER Fl. 32311 City/State & Zip

-591-1015

Daytime Telephone number

1935@ Ancid. Com for future annual eport 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)

The name of the	recorporation shall be: ESS(R	Caves	Foundation corporation
<u>ARTICLE II</u>	PRINCIPAL OFFICE		
<u>a41</u>	Principal <u>street</u> address: <u>4U CLASSIE AlleN C</u>	١,	Mailing address, if different is:
Ja	DI, Fl. 32311		
ARTICLE III	PURPOSE r which the corporation is organized is:	TO Fe	ed the Honeless,
C L		Trive.	etc
	· · · · · · · · · · · · · · · · · · ·		
			2
			202 CE
			2 11
	MANAGER OF FLECTION. The manager	e in which the diene	7
DE FICEY	S WII De appoin	ten the direc	nois are elected and appointed.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ORS Name and Title:	Anthony Alls co-founder
Address	actificant in 10	Address:	2444 Classe Aluto.
	LA. Tall, Fl. 32311		Tall H.373.11
Name and Title	anex Allen Vxe Pres	Name and Title:	Latrenda Worker Uce Pres.
Address	711 Gladiola Terr	_ Address:	2719 W. Tharpest.
	Tall, F1. 32303	-	Unit 24 Tall, FI
	1 and Maga	a Sæc	32303 Kontrell Burke Board Member
	- Jermaine Garage		2444 Chassie Allei Ln
Address	Tall, 171 32303	-	Toll, M. 32311
		-	

Name and Title: JOHLY MINK Name and Title: Address: TOUL F1 32 311 Name and Title: Name and Title: Name and Title: Address: TOUL F1 32 311 Name and Title: Name and Title: Name and Title: Address: PO Box NOT acceptable) of the registered agent is: Name: Felcip Allow Null Address: Lycy Classe Mender Toul F1 32 311 ARTICLE VII INCORPORATOR The name and address of the hydroporator is: Name: Felcip Allow Address: Lycy Classe Address: Lycy Classe Address Address: Lycy Classe Address
Address ARTICLE VII INCORPORATOR Toll, J. 923/1 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Felling Allu ACM Address: Lyly Chasse Allu ACM Address Address Address Allu ACM
Name and Title: Name and Title: Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Felicip Alfon Null Address: Lifuy Chasce Menty Tall, 13, 132311 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Felicip Allo Allo Allo Address: Lifuy Chasce Allo Allo Address: Address: Lifuy Chasce Allo Allo Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:
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ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Fell the Alle Alle Alle Address: Address: Lygy (ASLE Alle Ly) ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:
Name: Fell the Alle Action Address: Lycy (IASCE Alle Alle) ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:
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Effective date, if other than the date of filing:
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(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.)
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
Sequired Signature of Registered Agent 12/2/21 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.
Teld What New 12/2/2/ Required Signature of Incorporator Date