

N210000013624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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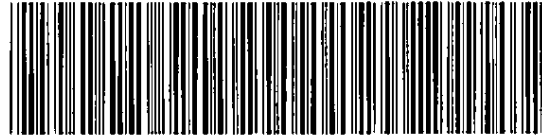
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLIANCE

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J DENNIS
DEC 02 2021

COVER LETTER

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

SUBJECT: Essie Cares Foundation Corporation
(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

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

2444 CLASSIE ALLEN LN.
Address

Tallahassee, FL 32311
City/State & Zip

850-591-1015
Daytime Telephone number

FeliciaHills1935@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 I NAME

The name of the corporation shall be: ESSIE CARES FOUNDATION CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2444 CLASSIE ALLEN LN.
TALL, FL. 32311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO FEED THE HOMELESS,
CLOTHES, SHOES DRIVE, ETC.....

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed.

OFFICERS WILL BE APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FELICIA ALLEN HILL
^{Founder}

Address: 2444 CLASSIE ALLEN LN.
TALL, FL. 32311

Name and Title: ANTHONY HILL ^{co-founder}

Address: 2444 CLASSIE ALLEN LN.
TALL FL. 32311

Name and Title: JANICE ALLEN ^{Vice Pres}

Address: 711 GLADIOLA TERR
TALL, FL. 32303

Name and Title: LATRENDIA WALKER ^{Vice Pres}

Address: 2719 W. THARPE ST.
UNIT 24 TALL, FL.
32303

Name and Title: JERMAINE LAWRENCE ^{Media Sec}

Address: 711 GLADIOLA TERR
TALL, FL. 32303

Name and Title: KONTRELL BURKE ^{Board member}

Address: 2444 CLASSIE ALLEN LN
TALL, FL. 32311

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Board Member

Name and Title: Jaylen Moore Name and Title: _____
Address: 2444 CLASSIE ALLEN LN Address: _____
TALL, FL 32311 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Felicia Allen Hills
Address: 2444 CLASSIE ALLEN LN
TALL, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Felicia Allen Hills
Address: 2444 CLASSIE ALLEN LN
TALL, FL 32311

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 as registered agent and agree to act in this capacity

Felicia Allen Hills
Required 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.

Felicia Allen Hills
Required Signature of Incorporator

12/2/21
Date