

N21000014184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

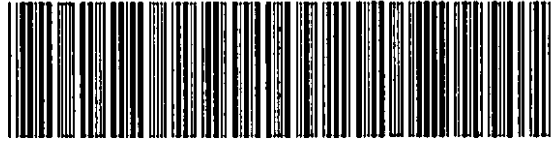
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300377462753

12/10/21--01025--004 \*\*78.75

*P. J. Kelly*

2021 DEC 10 PM 3:41  
SECRETARY'S OFFICE  
TALLAHASSEE, FL

DEC 10 2021

2

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Naomi's Gift INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
5175 Sunshine Drive, Wildwood FL, 34785

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Naomi's Gift INC. will be a non profit organization that helps families of premature born babies while they are in the NICU (The newborn intensive care unit). Families often incur huge financial burdens while their children are in the NICU. We experienced this first hand while our daughter Naomi was in the NICU after she was born prematurely. It was only through the generosity of others that we were able to get through that difficult time. We hope to bless families during this difficult time. We also hope to educate parents about auto immune neutropenia, which Naomi was diagnosed with at 11 months old. We hope to help parents learn how to fight to get the best medical care while in the hospital and for parents of children who have to be hospitalized for extended periods of time.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: By the founder

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECRET  
FALL 2021

2021 DEC 10 PM 3:41

12-10-21

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Yusef Abdur-Razzaaq

Address: 5175 Sunshine Drive, Wildwood FL, 34785

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Yusef Abdur-Razzaaq

Address: 5175 Sunshine Drive, Wildwood FL, 34785

**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*

\_\_\_\_\_  
Required Signature of Registered Agent

12/6/21

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.*

\_\_\_\_\_  
Required Signature of Incorporator

12-7-21

Date

2021 DEC 10 PM 3:41  
SECRET  
TALLAHASSEE, FL