21000014345

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

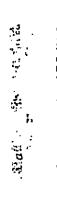
M2/000125977

T. SCOTT DEC 1 6 2021



100373045981

09 14/21--01011--009 **90.00



COVERMETTER

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

SUBJECT: Self and family Corporation (PROPOSED CORPORATE NAME) MUST EXCLUDE 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

₩\$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

ROM: Shaketa Brown

Name (Printed or typed)

Address

Pelle Glode FL 33430

City, State & Zij

Daytime Telephone number

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

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

Do not add any articles until next year after annual that is when we may statured article and article we start only,



November 15, 2021

SHAKETA BROWN 190 N SR 715 MHP LOT 111 BELLE GLADE, FL 33430

SUBJECT: SELF AND FAMILY Ref. Number: W21000125977

We have received your document for SELF AND FAMILY and your check(s) totaling \$90.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Flease place the letter "D" or "T" beside the names and business addresses of each director or trustee.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Change dates if needed

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 421A00027732

ARTICLES OF INCORPORATION
In compliance with Chapter 047, F.S., (Not for Profit)

ARTICLE The name	$\frac{NAME}{\text{of the corporation shall be:}}$	1 Family	@30000	corporation
<u>ARTICLE</u>		[· ·
_	Principal <u>street</u> address: KONSK 715 MHP LOL III		Mailing address, if	different is:
Ĩ	Zelk Glock FL 33430		<	
			,	
ARTICLE The purpos	se for which the corporation is organized is:	lp the	growth of	self and
				्रेस : क लड
	IV MANNER OF ELECTION The manner in SCHELL CHECTUS ONLY INITIAL OFFICERS AND/OR DIRECTOR		s are elected and appoir	nted:
Name and I	ille Shiketa Bown Preside	Name and Title: R	Aricia Frazi	er Jeques 17
Address	190NSR 715 MHP LOTIN Belle Grade FL 33430 G	Address:	1 NSR 715 H	IHP WHIVO
	Belle Glade FL 33130 G		elle Calacle, Fl	37430
Name and T	Title: Patrice Jacques 19 A	Vame and Title: $\widehat{\underline{T}}$	Atrich Ben	nett VP
Address	190 NOR 715 WHP LULLIL	Address: IG	NSR 715 M	HP LOFIN
	Prelle (Horle Fl 384300)) B	eile Girule Fl	_33430 (2)
Name and T	itle: Patricia Hall 1/P A	Same and Title: $\overline{\underline{\mathcal{R}}}$	then Brown	VP.
Address	190 NSC 715 MAP WHILL A	Address: SC	1115R 715 M	HP LUFTIL
	Belle Glade FL 3543C (D B	Elle Grade F	(334.30
				 -

Name and Ti	ile. MYChin MCII 11	Name and Ti	He Lineria Dreete VII
Address	"FOR SR OB MHP LOUT	Address:	MUNSR75 MHP WHILL
	Pelle Glicie FL 33/30		Belle Glade FL 33430 (D)
		_	
Name and Ti	tle:	Name and Til	le:
Address	N. Principles of the Control of the	Address:	
		_	
ARTICLE VI	<u>l REGISTERED AGENT</u> d Florida street address (P.O. Box NOT acc	entable) of the res	vistered agent is:
Name:	Shaheta Brown	Ť	
Address:	190NSR 715MHP LC		
	Peile Criode Fl 33		
ADTICL C 1/1	u aconnon aron		
	I <u>INCORPORATOR</u> d address of the Incorporator is:		
Name:	Shaketa Brown		
Address:	190NSR75 MHP W	+111_	
	Belle Cakide FL 3313	3()	
ARTICLE VI.	II EFFECTIVE DATE: , if other than the date of filing: 6 35	3031	(OPTIONAL)
			ore than five days prior or 90 days after the filing.)
	ate inserted in this block does not meet the a feetive date on the Department of State's rec		ry filing requirements, this date will not be listed as the
Having been recrificate, Lan	named as registered agent to accept service n familiar with and accept the appointment a	of process for t is registered ages	he above stated corporation at the place designated in this of and agree to act in this capacity
J. A	ハ メン <i>5411も。て</i> Required Signature of Registered	l Agent	$\frac{9/3/2001}{Date}$
submit this de		in are true. I am	aware that any false information submitted in a document to
Je Su	Required Signature of Incor	porator	9/13/2021 Date