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D. O'KEEFE JAN 10 2022



COVER LETTER

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

UBJECT:	(PROPOSED CORP	ORATE ŠAME – <u>MUST IN</u>	CLUDE SUFFIX)
nclosed is an original ar	nd one (1) copy of the Ar	ticles of Incorporation and	a check for:
□ \$70.00	\$78.75	22\$ 78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Dianne Green		_
•	Na Na	me (Printed or typed)	
	1117 Durkee Dr. N		
		Address	-

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

Jacksonville, Florida 32209

dianne102dl@gmail.com

(904) 536-3018

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

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

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

	the corporation shall be: PRINCIPAL OFFICE			
_	Principal <u>street</u> address: 7 Durkee Dr. 'N		Mailing address, if different is:	:
Jack:	sonville, Florida 32209			
	I PURPOSE or which the corporation is organized is: fic purposes, including, for such purpo			onal,
organization	ns that qualify as exempt organization	ds under section 5	01(c)(3) of the internal revenue co	de,or the
correspondi	ing section of any future federal tax co	ode and herein stat	ed as follow:	
ARTICLE IV	MANNER OF ELECTION The ma	unner in which the dire	ectors are elected and appointed: Lead	Directo
RTICLE V	INITIAL OFFICERS AND/OR DIRE	<u>SCTORS</u>		Directo
RTICLE V	INITIAL OFFICERS AND/OR DIRE	<u>SCTORS</u>	Lakisha Sanders (Director)	l Directo
RTICLE V	INITIAL OFFICERS AND/OR DIRE	<u>SCTORS</u>		I Directo
Same and Tit	INITIAL OFFICERS AND/OR DIRE le: Dianne Green (Lead Director) 1117 Durkee Dr. N Jacksonville, Florida 32209	CCTORS Name and Title Address:	Lakisha Sanders (Director) 1122 Durkee Dr. N	
Same and Tit	INITIAL OFFICERS, AND/OR DIRE le: Dianne Green (Lead Director) 1117 Durkee Dr. N Jacksonville, Florida 32209 le: Michael Jordan Director	CCTORS Name and Title Address:	Lakisha Sanders (Director) 1122 Durkee Dr. N Jacksonville, Florida 32209	
Same and Tit	INITIAL OFFICERS, AND/OR DIRE le: Dianne Green (Lead Director) 1117 Durkee Dr. N Jacksonville, Florida 32209 le: Michael Jordan Director	CCTORS Name and Title Address: Name and Title	Lakisha Sanders (Director) 1122 Durkee Dr. N Jacksonville, Florida 32209	
Name and Tit Address Name and Tit Address	INITIAL OFFICERS AND/OR DIRE le: Dianne Green (Lead Director) 1117 Durkee Dr. N Jacksonville, Florida 32209 le: Michael Jordan Director 352 Stowe Ave.	Name and Title Address: Name and Title Address: Address:	Lakisha Sanders (Director) 1122 Durkee Dr. N Jacksonville, Florida 32209	
Name and Tit Address Name and Tit Address	INITIAL OFFICERS AND/OR DIRE le: Dianne Green (Lead Director) 1117 Durkee Dr. N Jacksonville, Florida 32209 le: Michael Jordan Director 352 Stowe Ave. OrangePark, Florida 32073 le: Marilyn Robinson Director	Name and Title Address: Name and Title Address: Address:	Lakisha Sanders (Director) 1122 Durkee Dr. N Jacksonville, Florida 32209	

Name and Title:		Name and Title:		<u></u>
Address		_ Address:		_
	<u></u>			-
Name and Title:		Name and Title:		_
Address		Address:		_
•	-			~
ARTICLE VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT acco	eptable) of the registered agent	is:	
Name:	Dianne Green			5
Address:	1117 Durkee Dr.			2021 Duc
	Jacksonville, Florida 32209)		r ` C.
	-			
	INCORPORATOR			. 25
The name and a	address of the Incorporator is:			<u> </u>
Name:	Dianne Green			;·
Address:	1117 Durkee Dr.			
	Jacksonville, Florida 32209			
ARTICLE VIII	EFFECTIVE DATE: 1/40/2022 fother than the date of filing:	(C) D.T.	KONIA I.)	
	date is listed, the date must be specific a		IONAL) : <mark>days pri</mark> or <mark>or 90 days</mark> afte	r the filing.)
	te inserted in this block does not meet the a ective date on the Department of State's rec		irements, this date will not b	e listed as the
certificate, I am	amed as registered agent to accept service familiar with and accept the appointment	as registered agent and agree	to act in this capacity	
- Ol	ALL HERO Required Signature of Registered		13-33 Date	<u> 3-31</u>
	Required Signature of Registered	d Agent	Date	
20 the Departme	cument and affirm that the facts stated her ent of State constitutes a third degree felony	ein are true. I am aware that c as provided for in s.817.155,	any false information subm F.S.	itted in a document
Dia	IN Aleen		12-23	-21
	Required Signature of Inco	rporator	Date	

ARTICLES OF INCORPORATION

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

RTICLE II	PRINCIPAL OFFICE			
1117	Principal <u>street</u> address: Durkee Dr. is		Mailing address, if different is:	
Jacks	onville, Florida 32209			
RTICLE III ne purpose fo	PURPOSE or which the corporation is organized is: ic purposes, including, for such purpo	Exclusively for o	charitable, religious, education	onal.
	s that qualify as exempt organization			de,or the
	ng section of any future federal tax co			
				_
				_
RTICLE IV	MANNER OF ELECTION _ The ma	unner in which the dire	ectors are elected and appointed:	Directo
RTICLE IV	INITIAL OFFICERS AND/OR DIRE	ECTORS		Directo
RTICLE V	INITIAL OFFICERS AND/OR DIRE Dianne Green (Lead Director)	ECTORS	Lakisha Sanders (Director)	I Directo
RTICLE V	INITIAL OFFICERS AND/OR DIRE e: Dianne Green (Lead Director) 1117 Durkee Dr. N	ECTORS	Lakisha Sanders (Director) 1122 Durkee Dr. N	Directo
RTICLE V	INITIAL OFFICERS AND/OR DIRE Dianne Green (Lead Director)	ECTORS Name and Title	Lakisha Sanders (Director)	I Directo
ame and Titl	c: Dianne Green (Lead Director) 1117 Durkee Dr. N Jacksonville, Florida 32209	ECTORS Name and Title Address:	Lakisha Sanders (Director) 1122 Durkee Dr. N Jacksonville, Florida 32209	
ame and Titl	c: Dianne Green (Lead Director) 1117 Durkee Dr. N Jacksonville, Florida 32209 e: Michael Jordan Director	ECTORS Name and Title Address:	Lakisha Sanders (Director) 1122 Durkee Dr. N	
ame and Titl	c: Dianne Green (Lead Director) 1117 Durkee Dr. N Jacksonville, Florida 32209 e: Michael Jordan Director	Name and Title Address: Name and Title	Lakisha Sanders (Director) 1122 Durkee Dr. N Jacksonville, Florida 32209	2921 (1
ame and Titl ddress	initial officers and/or director) Dianne Green (Lead Director) 1117 Durkee Dr. N Jacksonville, Florida 32209 e: Michael Jordan Director 352 Stowe Ave. OrangePark, Florida 32073	Name and Title Address: Name and Title	Lakisha Sanders (Director) 1122 Durkee Dr. N Jacksonville, Florida 32209	2001 (2002)
ame and Title address	INITIAL OFFICERS AND/OR DIRE c: Dianne Green (Lead Director) 1117 Durkee Dr. N Jacksonville, Florida 32209 e: Michael Jordan Director 352 Stowe Ave. OrangePark, Florida 32073	Name and Title Address: Name and Title Address: Address: Address:	Lakisha Sanders (Director) 1122 Durkee Dr. N Jacksonville, Florida 32209	2021 O1 20 1 7
ame and Title address	initial officers and/or director) Dianne Green (Lead Director) 1117 Durkee Dr. N Jacksonville, Florida 32209 e: Michael Jordan Director 352 Stowe Ave. OrangePark, Florida 32073	Name and Title Address: Name and Title Address: Address: Address:	Lakisha Sanders (Director) 1122 Durkee Dr. N Jacksonville, Florida 32209	

Name and Title	;	Name and Title:		_
Address		_ Address:		_
				-
Name and Title	:	Name and Title:		_
Address		Address:		_
				- ,
ARTICLE VI	REGISTERED AGENT		·	
The <u>name and</u>	Florida street address (P.O. Box NOT acco	eptable) of the registered agent	is.	
Name:	Dianne Green			
Address:	1117 Durkee Dr.			
	Jacksonville, Florida 32209)		
		,		5.5 2.0
	INCORPORATOR address of the Incorporator is:			21 C
	D:		:	
Name:	1117 Durkee Dr.			C.
Address:	Jacksonville, Florida 32209			;
	Jacksonvine, Florida 32203			C.
ARTICLE VIII Effective date,	if other than the date of filing: 1/40/2022 date is listed, the date must be specific a	. (OPTI	ONAL) days prior or 90 days after	er the filing.)
Note: If the da	te inserted in this block does not meet the a	applicable statutory filing requi		
certificate, I am	amed as registered agent to accept service familiar with and accept the appointment	as registered agent and agree	to act in this capacity	- 1
- Ch	ALLE STREEM Required Signature of Registere	d Agent	13 - 36 Date	3-31
I submit this do so the Departmo	cument and affirm that the facts stated her ent of State constitutes q third degree felony	rein are true. I am aware that a	any false information subm F.S.	itted in a documen
Dia	ski Alrean		12-23 Date	-21
, , , ,	Required Signature of Inco	orporator	Date	