

N2200000000959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

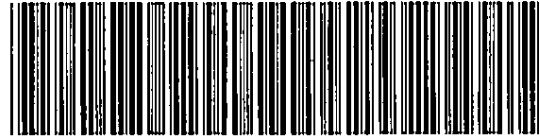
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TALLAHASSEE, FL

1/31/22

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COVER LETTER

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

SUBJECT: Musicle Mentoring Corp
(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: Clactis Wilberson
Name (Printed or typed)

39541 Bingsneck Dr.
Address

Jacksonville FL 32226
City, State & Zip

919-450-5933
Daytime Telephone number

~~XXXXXXXXXX~~ berber.wilberson@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: Musclea Mentoring Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3954 Bingleck Dr.
Jacksonville FL 32226

Mailing address, if different is:

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TALLAHASSEE, FL
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate as a resource center
at risk youth. Providing youth with positive outlets
to redirect negative behaviors. The corporation
will partner with resources in the community
to promote youth to enroll in school and track
school programs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: All
board members serve 2 year terms and can be re-elected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clotis Wilkerson, Chair
Address: 3954 Bingleck Dr.
Jacksonville FL 32226

Name and Title: Myra Jeter, Vice Chair
Address: 318 Linnaker Dr.
Durham NC 27701

Name and Title: Julia Wells, Secretary
Address: 745 Mary Cook Rd
Hillsborough NC 27278

Name and Title: Barbara Wilkerson, Treasurer
Address: 3954 Bingleck Dr.
Jacksonville FL 32226

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Barbara Wilkerson
 Address: 3954 Bingsack Dr.
Jacksonville FL 32226

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 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Clotis Wilkerson
 Address: 3954 Bingsack Dr.
Jacksonville, FL 32226

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Jan. 25, 2022 (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

Barbara Wilkerson
 Required Signature of Registered Agent

Jan. 25, 2022
 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.

Clotis Wilkerson
 Required Signature of Incorporator

Jan. 25, 2022
 Date