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Florida Department of State  
Division of Corporations  
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H220002241653ABCV

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC  
Account Number : I20170000091  
Phone : (718)878-5811  
Fax Number : (718)732-4580

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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FLORIDA PROFIT/NON PROFIT CORPORATION  
COURAGE TO CONQUER INC.

Certificate of Status	0
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**COVER LETTER**

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

**SUBJECT:** COURAGE TO CONQUER INC.

(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:** FILE RIGHT LLC  
\_\_\_\_\_  
Name (Printed or typed)

5314 16TH AVENUE, SUITE 139  
\_\_\_\_\_  
Address

BROOKLYN, NY 11204  
\_\_\_\_\_  
City, State & Zip

7188785811  
\_\_\_\_\_  
Daytime Telephone number

SALES@FILEACORP.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**The name of the corporation shall be: COURAGE TO CONQUER INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:  
10800 BISCAYNE BLVD STE 420MIAMI BEACH, FL 33161Mailing address, if different is:  
10800 BISCAYNE BLVD STE 420MIAMI BEACH, FL 33161**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

COMMUNITY FOR SOCIAL AND MENTAL AWARENESS/IMPROVEMENT**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_ELECTED BY BOARD**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: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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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: YECHIEZKEL KAMENSKY

Address: 10800 BISCAYNE BLVD STE 420

MIAMI BEACH, FL 33161

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: YECHIEZKEL KAMENSKY

Address: 10800 BISCAYNE BLVD STE 420

MIAMI BEACH, FL 33161

**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*

/s/ Yechezkel Kamensky

6/28/22

Required Signature of Registered Agent

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.*

/s/ Yechezkel Kamensky

6/28/22

Required Signature of Incorporator

Date