

022000007445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

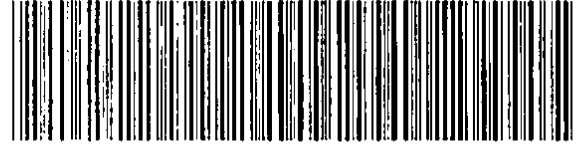
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FRANCHISING
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Roots Afrika Foundation, 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: Kevin Washington, PHD

Name (Printed or typed)

1316 N Pine Hills Rd

Address

Orlando, FL 32808

City, State & Zip

202 247-1137

Daytime Telephone number

newuinc@outlook.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: Roots Afrika Foundation Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1316 N Pine Hills Rd Orlando, FL 32808

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized exclusively for charitable, religious and educational purposes, including, for such purposes. Upon the dissolution of the organization, assets shall be distributed
for one or more exempt purposes within the meaning of section 501(C) (3) of the Internal Revenue Code, or corresponding
section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government,
for a public purpose.

According to Bylaws

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin Washington, PHD-CEO/T D Name and Title: _____

Address: 5836 Mill Crest Way Address: _____
Stonecrest, GA 30038

Name and Title: Shilisa Dee Geter-P/S D Name and Title: _____

Address: 5836 Mill Crest Way Address: _____
Stonecrest, GA 30038

Name and Title: Sara-elizabeth Phillips-D 1000 Rev Name and Title: _____

Address: 1092 Saint Georges Ave, Ste 328 Address: _____
Rahway, NJ 07065

FILED
2022 JUL -1 AM 6:11
CLERK AND/OR VICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Kevin Washington, PHD

Address: 1316 n Pine Hills Rd
Orlando FL 32808

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kevin Washington, PHD

Address: 5836 Mill Crest Way

Stonecrest, GA 30038

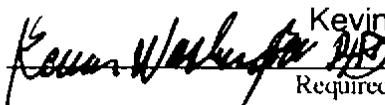
ARTICLE VIII EFFECTIVE DATE:

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

 Kevin Washington, PHD 6/30/22

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.

 Kevin Washington, PHD 6/30/22

Required Signature of Incorporator

Date