

N22066008156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

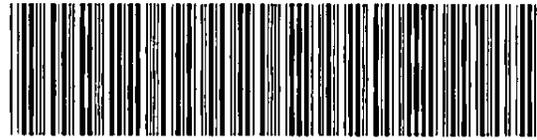
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/19/22--01003--009 *** 20.00

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

D. O'KEEFE

JUL 19 2022

COVER LETTER

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

SUBJECT: INSPIRE INDEPENDENT LIVING, 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: AVERY CURRY
Name (Printed or typed)

PO BOX 12493
Address

TALLAHASSEE, FL 32317
City, State & Zip

850-339-3910
Daytime Telephone number

ACURRY@THEINSPIREGROUP.ORG
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: INSPIRE INDEPENDENT LIVING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
304 ARDEN RD

TALLAHASSEE, FL 32305

Mailing address, if different is:

PO BOX 12493

TALLAHASSEE, FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THIS COMPANY WAS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES. THE MISSION OF INSPIRE INDEPENDENT LIVING, INC. IS TO INSTALL VALUES, IMPROVE THE SOCIAL WELL BEING OF THE YOUTH AND ASSIST IN THE TRANSITION OF LIFE TO INDEPENDENT LIVING FROM THE STATE FOSTER CARE SYSTEMS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Officers are elected

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SUNSHINE STATE
TALLAHASSEE, FL 09103

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eli Byrant, President

Address: PO Box 12493
Tallahassee, FL 32317

Name and Title: Linda Edwards, Vice President

Address: PO Box 12493
Tallahassee, FL 32317

Name and Title: Jack Johnson, Treasurer

Address: PO Box 12493
Tallahassee, FL 32317

Name and Title: Taylor Rosier, Secretary

Address: PO Box 12493
Tallahassee, FL 32317

Name and Title: Avery Curry, Executive Director

Address: PO Box 12493
Tallahassee, FL 32317

Name and Title: Alyssia Dickey, Board Member

Address: PO Box 12493
Tallahassee, FL 32317

Name and Title: Alfred Colson, Board Member Name and Title: _____

Address: PO Box 12493 Address: _____

TALLAHASSEE, FL 32317 _____

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: Avery Curry

Address: 1882 Capital Cir NE Ste 102

Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

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

Name: Shannon Rosier

Address: PO Box 16375

Tallahassee, FL 32317

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

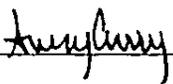
ARTICLE VIII EFFECTIVE DATE:

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.)

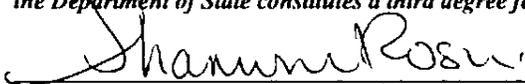
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

7-19-22
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.


Required Signature of Incorporator

July 18, 2022
Date