

NA22000008761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

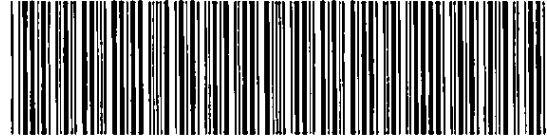
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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08/01/22--01016--000 **70.00

8/1/22

ALLAH'SSEE, INC.

2022 AUG -1 PM 12:10

RECEIVED

2022 AUG -1 PM 12:04

COVER LETTER

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

SUBJECT: Mahogany Beautiful Butterflies Community Development
(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: Venica Brown
Name (Printed or typed)

144 Stevens Dr
Address

midway FL 32313
City, State & Zip

850 251 9942
Daytime Telephone number

mstutu22@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 Mahogany Beautiful Butterflies Community Dev.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

144 Stevens DR
Midway FL 32343

Mailing address, if different is:

144 Stevens DR
Midway FL 32343

110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to ~~not~~ teach & guide young
people in self development thru ~~or~~ personal
grooming, etiquette skills, social enhancement,
self awareness

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By me
appointed by Venica Brown

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Director
President
CEO
Name and Title: Venica Brown Name and Title: _____
Address: 144 Stevens DR Address: _____
Midway FL 32343

Director
Name and Title: Christof' Troupe Name and Title: _____
Address: 144 Stevens DR Address: _____
Midway FL 32343

Director
Name and Title: Vettie Gibbs Name and Title: _____
Address: 144 Stevens DR Address: _____
Midway FL 32343

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:

Venica Brown

Address:

144 Stevens DR
Midway FL 32343

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Venica Brown

Address:

144 Stevens DR
Midway FL 32343

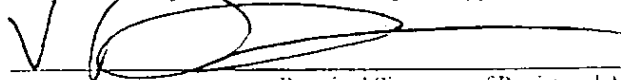
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Aug 1 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



Required Signature of Registered Agent

8/1/2022

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.



Required Signature of Incorporator

8/1/2022

Date