



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2022

ETHAN MORGAN
412 S PALOMA PL
TAMPA, FL 33609

SUBJECT: RISING TIDE CHARITIES, INC.
Ref. Number: W22000102741

We have received your document for RISING TIDE CHARITIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 522A00017729

COVER LETTER

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

Rising Tide Charities, Inc.

SUBJECT: _____
(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

Ethan Morgan
FROM: _____
Name (Printed or typed)

412 S Paloma Pl

Address

Tampa, FL 33609

City, State & Zip

404-793-9876

Daytime Telephone number

49.ethan.morgan.2006@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: Rising Tide Charities, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
412 S Paloma Pl

Mailing address, if different is:

Tampa, FL 33609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The organization will take in older laptops, perform testing and

validation of functionality and work with the city and county government, as well as other charitable/non-profit

organizations to supply the functional computers to students in need. The intent is to afford them a

more level playing field when it comes to academics.

Additionally, the intent is to provide tutoring services via volunteers to children in lower income households.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected per bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ethan Morgan, President (co-President)

Address: 412 S Paloma Pl
Tampa, FL 33609

Name and Title: Rohan Morgan, President (co-Presic

Address: 412 S Paloma Pl
Tampa, FL 33609

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 NOV 10 PM 6:20

FILED

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: Thomas Morgan

Address: 412 S Paloma Pl

Tampa, FL 33609

ARTICLE VII INCORPORATOR

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

Name: Ethan Morgan

Address: 412 S Paloma Pl

Tampa, FL 33609

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

8-7-2022

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

8-7-2022

Date