

N22000014361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

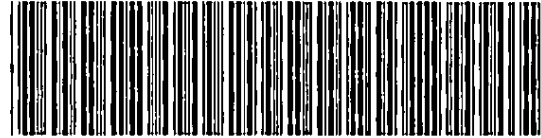
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400399080474

12/22/22--01008--014 \*\*78.75

RECEIVED  
FALL RIVER, MA 01931

2022 DEC 22 PM 2:03

FILED

C

## COVER LETTER

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

Gratitude Gang Foundation 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**

Nestha Alcime

**FROM:** \_\_\_\_\_  
Name (Printed or typed)

6026 Kalamazoo Ave #107

\_\_\_\_\_  
Address

Kentwood, MI 49508

\_\_\_\_\_  
City, State & Zip

(303) 306-4669

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

specialist@instantnonprofit.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: Gratitude Gang Foundation Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1734 LARAMIE ST

SARASOTA, FL 34231-8841

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: We believe that gratitude can change the world. We help rebuild schools, provide mental health services, and bring together communities around the common goal that every child deserves to thrive in life.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Provided bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Erwin Valencia, President

Address: 1734 LARAMIE ST  
SARASOTA, FL 34231-8841

Name and Title: Erwin Valencia, Director

Address: 1734 LARAMIE ST  
SARASOTA, FL 34231-8841

Name and Title: Earl Valencia, Treasurer

Address: 1734 LARAMIE ST  
SARASOTA, FL 34231-8841

Name and Title: Earl Valencia, Director

Address: 1734 LARAMIE ST  
SARASOTA, FL 34231-8841

Name and Title: Earl Valencia, Secretary

Address: 1734 LARAMIE ST  
SARASOTA, FL 34231-8841

Name and Title: Irymarc Gutierrez, Director

Address: 1734 LARAMIE ST  
SARASOTA, FL 34231-8841

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: Erwin Valencia  
 Address: 1734 LARAMIE ST  
SARASOTA, FL 34231-8841

FILED  
 2022 DEC 22 PM 2:04  
 ALI AHMED, CLERK  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Erwin Valencia  
 Address: 1734 LARAMIE ST  
SARASOTA, FL 34231-8841

**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

12 / 18 / 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

12 / 18 / 2022

Date