

N23000005527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

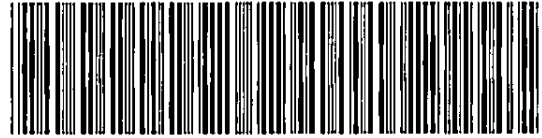
(Business Entity Name)

(Document Number)

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2023 MAR -8 AM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

Revised

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

SUBJECT: PROJECT NAVIGATE, 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: INGER MOORE

Name (Printed or typed)

5379 Lyons Road #1646

Address

Coconut Creek, FL 33073-2810

City, State & Zip

954-501-6635

Daytime Telephone number

projectnavigateinc@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FL

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Project Navigate, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
5379 LYONS ROAD #1646

COCONUT CREEK, FL 33073-2810

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROJECT NAVIGATE, INC. SEEKS TO EMPOWER HIGH SCHOOL STUDENTS TO SUCCEED IN COLLEGE BY PROVIDING THEM WITH THE KNOWLEDGE, SKILLS, AND RESOURCES NEEDED TO THRIVE IN A HIGHER EDUCATION SETTING. THROUGH A COMBINATION OF ACADEMIC SUPPORT, COLLEGE READINESS WORKSHOPS, AND EXPOSURE TO COLLEGE CAMPUS CULTURE, WE AIM TO HELP STUDENTS DEVELOP THE CONFIDENCE AND COMPETENCE NEEDED TO PURSUE THEIR ACADEMIC AND PROFESSIONAL GOALS.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: By majority vote.

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

Name and Title: INGER MOORE/CEO

Address: 5379 LYONS ROAD  
#1646  
COCONUT CREEK, FL 33073-2810

Name and Title: SHANTERIA KNOWLES/VP

Address: 5379 LYONS ROAD  
#1646  
COCONUT CREEK, FL 33073-2810

Name and Title: MAXINE CLARK/TREASURER

Address: 5379 LYONS ROAD  
#1646  
COCONUT CREEK, FL 33073-2810

Name and Title: DR. KALISHA WALDON/SEC.

Address: 5379 LYONS ROAD  
#1646  
COCONUT CREEK, FL 33073-2810

Name and Title: NATACHA NETTLES/D

Address: 5379 LYONS ROAD  
#1646  
COCONUT CREEK, FL 33073-2810

Name and Title: OLLISON DELICE/D

Address: 5379 LYONS ROAD  
#1646  
COCUNUT CREEK, FL 33073-2810

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TALLAHASSEE, FL

Name and Title: TONI EVANS/ID Name and Title: \_\_\_\_\_  
Address 5379 LYONS ROAD Address: \_\_\_\_\_  
#1646 \_\_\_\_\_  
COCONUT CREEK, FL 33073-2810 \_\_\_\_\_

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: SHANTERIA KNOWLES  
Address: 5379 LYONS ROAD #1646  
COCONUT CREEK, 33073-2810

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: INGER MOORE  
Address: 5379 LYONS ROAD #1646  
COCONUT, FL 33073-2810

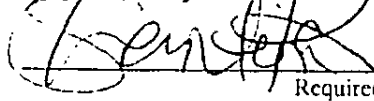
**ARTICLE VIII EFFECTIVE DATE:**

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

3/20/23  
\_\_\_\_\_  
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.*

INGER MOORE  
\_\_\_\_\_  
Required Signature of Incorporator

3/20/23  
\_\_\_\_\_  
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