

N23000006511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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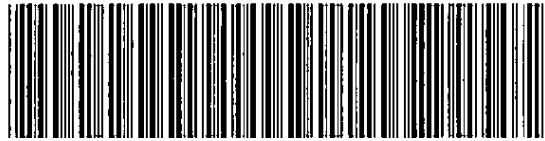
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Purpose + Promise Foundation 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: Chloe Edwards
Name (Printed or typed)

2042 SW. 2nd St.
Address

Orlando, FL 32817
City, State & Zip

352-484-1647
Daytime Telephone number

Chloe.abiding@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: Purpose + Promise Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

10483 N. Florida Ave.

Unit 2

Citrus Springs, FL 34434

Mailing address, if different is:

Same.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide support, activities, service and progress that encourage and empower individuals with disabilities.

* Please Include EIN 93-1563704

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors will be elected according to the by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chloe Edwards CEO/President

Address: 2042 SW. 2nd St.
Ocala, FL 34471

Name and Title: Jennifer Douglass (VP)

Address: 3551 N Burrhoughs Pkwy
Beverly Hills, FL 34465

Name and Title: Amanda Campbell (T)

Address: 7056 Homestead Loop
306
Wildwood, FL 34785

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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: Chloe C. Edwards

Address: 2042 S.W. 2nd St.
Ocala, FL 34471

ARTICLE VII INCORPORATOR

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

Name: Chloe C. Edwards

Address: 2042 S.W. 2nd St.
Ocala, FL 34471

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/30/2023 (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

Chloe Edwards CEO

Required Signature of Registered Agent

5/26/2023
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.

Chloe Edwards CEO

Required Signature of Incorporator

5/26/2023
Date

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STATE OF FLORIDA
CLERK OF THE COURT