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## **COVER LETTER**

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

SUBJECT:	Healpag	Educate	Advo Calvic RPORATE NAME - MU	loving [	involvel	<u>-</u>
	. )	(PROPOSED CO	RPORATE NAME – <u>MU</u>	<u>ist include s</u>	UFFIX)	elepont inc

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00 Filing Fee □ \$78.75

Status

□\$78.75 Filing Fee & Filing Fee Certificate of

& Certified Copy

**(2** \$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

LENOYCO W Francio
Name (Printed or typed)

17338 NW AUZNOS+

Highsprings Fl 32443

35a-79a-7565

Daytime Telephone number

Francis lenovea @ amail 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)

The name of the corporation shall be: HE PRINCIPAL OFFICE	cate Advocating loving envolument
THE PERSON OF TH	
Principal <u>street</u> address: (***********************************	
Highsprings F1 321043	Alachua Fl 32616
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: TO K	
a total individual. Healed ind	induals a nelp to ocur
Local Communes local resure	0
	2023
	<u> </u>
ARTICLE IV MANNER OF ELECTION The manner in which the second of the seco	he directors are elected and appointed:
Name and Title: Unorea Francis Name and	Title: Ameera martinez
Address 17338 NW Durnel of Address:	
	Highsprings Fl 32643
Name and Title: LPGn Scott Name and	d Title: EVIC Davis
Address 17338 Nw 242ndst Address:	
Highsping Fl	High Spring Fl 32643
32643	33643
Name and Title: Toitionna Thomas Name and	Tille: Kiniberly Smith
Address 17338 NW 242ndst Address:	1 1 1 N
Highspring FI	Gainesville FL
3243	32607

•	
Name and Title:	Name and Title:
Address	Address:
	<del></del>
Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT accept	ptable) of the registered agent is:
Name: Lenurea Fran	13
Address: 17338 NW 242 1tignspings Fi	ndst = i
Highspings Fi	ptable) of the registered agent is: $\frac{1}{2}$ $\frac{1}{32}$ $\frac{1}{32}$ $\frac{1}{32}$ $\frac{1}{32}$ $\frac{1}{32}$
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
Name: Unurea Franc	
Address: 17338 KIW 242M Highsprings Fl	<i>376</i> 43
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)
	nd 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 approximent's effective date on the Department of State's reco	pplicable statutory filing requirements, this date will not be listed as the ords.
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment a	of process for the above stated corporation at the place designated in this is registered agent and agree to act in this capacity
, , , , , , , , , , , , , , , , , , , ,	
Mule Hen Required Signature of Registered	Agent Date
I submit this document and affirm that the facts stated herei	in are true. I am aware that any false information submitted in a document to
the Department of State constitutes a third degree felony as	
Required Signature of Incor	Date Date
ixaparea organicae of friedi	- Printer