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MULAHASSEE, FLORIDA

COVER LETTER

Department of State **Division of Corporations** P. O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Making As Pays LVC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	_
	(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	
Fil	ling Fee	

□ \$78.75

Filing Fee &

Certificate of

Status

□\$78.75

Filing Fee

□ \$87.50

Filing Fee. & Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

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: Waking A'S PAYS Loc.
ARTICLE II PRINCIPAL OFFICE
Principal street address: 4 / / BROKEN SOUN (PARKWA) NW, BOCA RATON, Fl.
Suite 170-33487
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Provide Educatural Junds
for Students in and to 11th Apades fled College
land or a higher Education AFTER (grade School
20 1 2 1 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 2 1 2
ARTICLE IV MANNER OF ELECTION. The manner in which the directors are elected and appointed:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Clarence Freeman Se Name and Title: Coustone & Berry, Wikecon
Address 7928 Piper Lave Address: 7928 Piper Lave
Lake Worth, 4: 33463 Lake Worth, 71. 33463
President & CEO
Name and Title: Vice President Name and Title: Richard Howers, Secretary
Address PASTOR GERALD BON Address: 6/11 BRUKENSANDING NW Suite 170
CREEK DR. F. Prence St. BORA RATION, It. 33487
Name and Title: William Dames Name and Title: Giva Pierre, Director
(Tanania Aila
Address (Measure) Address: 401 West HIMMICHTS 1/857 10 CGi // St. Deleay Beach 7/33444
BOYNTON BLOCK, F1. 33436

Name and Tit	10: Overseen Passon Barbara	Name and Title	Alucia M.D.	elbrune-K) Rect
Address	$\alpha + 1 + 1 + 0 + 1 + 1$	Address:		lantie Ave.	
	1406 AVENUEB	_	Suite RA	0-72	
	For Pierce, 31. 34945	· 	Re/RAY &	Beach, H. 334	244
	Lail Direct		,	,	
Name and Tit			:		
Address		_ Address:			
	Fort Rence, 7/34950	<u>)</u>			
		-			
ARTICLE V. The name an	<u>I REGISTERED AGENT</u> d Florida <u>street address</u> (P.O. Box NOT acce	ptable) of the regi	stered agent is:		
Name:	Claunce Freems	_	•		
Address:	7928 Piper LANE				
Audress.		1.33463	, >		
	Julie Doubles	<u> </u>			
	II INCORPORATOR				
	d address of the Incorporator is:			23 SEL	
Name:	79.28 12000	<u> </u>			
Address:	Lako Watt	1/ - 21//	,3	20 (\$3)	
	July & WOLTK, J	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Effective dat	e, if other than the date of filing: 6/26 we date is listed, the date must be specific a	0/2023	(OPTIONAL)	2	1, 444
Note: If the	date inserted in this block does not meet the reffective date on the Department of State's rec	ipplicable statuto cords.	ry filing requirements, thi	is date will not be listed as	the
Having been	named as registered agent to accept service am familiar with and accept the appointment	of process for the of the office of the offi	he above stated corporati it and agree to act in this	ion at the place designate capacity	d in this
Cha	un (Janan) Sp			6/20/2023	
- July	Required Signature of Registere	d Agent		Date	
I submit this	document and affirm that the facts stated here	ein are true. I am	aware that any false infor	rmation submitted in a doc	ument to
the Departm	ent of State constitutes a third degree felony a	s proviaca jor in i	601/(133 ₎ 1/35	6/20/200	2.7
_Ce-	Required Signature of Inco	orporator		Date	ン