

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Use the fax number (shown below) on the top and bottom of a page of a document.

**N23000007619**  
(((H23000211313 3)))



H230002113133ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION

iGROW iGlow INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2023 JUN 22 PM 4:50

FLORIDA  
DIVISION OF  
CORPORATIONS  
COMMERCIAL  
SERVICES

FLORIDA STATE  
TALLAHASSEE, FL

2023 JUN 22 PM 1:10

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**2ND REQUEST**

2

# ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: iGrow iGlow Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1331 NW 52ND ST

MIAMI FL 33142

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: iGrow iGlow is a female mentorship program for ages 8-22 years old.

We strive to help our mentees gain an increased clarity of purpose and personal strengths to achieve a sense of well

being in today's society. Through a team of mentors we plan to accomplish this by providing empowering

workshops including but not limited to:

career development, college preparation, mental health, health and fitness, financial literacy, and goal setting/planning.

In addition, it is our desire to promote education by offering tutoring services, facilitating

"STEAM" activities, forming a book club and hosting back to school events in the community.

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

BY THE LAWS

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

Name and Title: Imani Danielle Spivey, President/Director

Address: 1331 NW 52ND ST MIAMI FL 33142

Name and Title: Michelle Elaine Davis, Secretary

Address: 1331 NW 52ND ST MIAMI FL

Name and Title: D'Aury Keiandre Johnson, Director

Address: 2270 NW 189 TERR MIAMI FL 33056

Name and Title: David Lamon Spivey, Treasurer

Address: 10221 CENTREPARK DR

APT 1533

HOUTON TX 77043

Name and Title: Alex Archibald Vancol, Director

Address: 18496 NW 22ND ST

PEMBROKE PINES FL 33029

Name and Title:

Address:

FILED  
JUN 22 PM 1:10  
CLERK OF DISTRICT COURT  
FLORIDA  
TALLAHASSEE, FL

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: IMANI DANIELLE SPIVEY  
 Address: 1331 NW 52ND ST MIAMI FL 33142  
 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: IMANI DANIELLE SPIVEY  
 Address: 1331 NW 52ND ST MIAMI FL 33142  
 \_\_\_\_\_

**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*

Imani D. Spivey  
 Required Signature of Registered Agent

6-13-23  
 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.*

Imani D.  
 Required Signature of Incorporator

6-13-23  
 Date

FILED  
 2023 JUN 22 PM 1:10  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FL