

N23000007939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

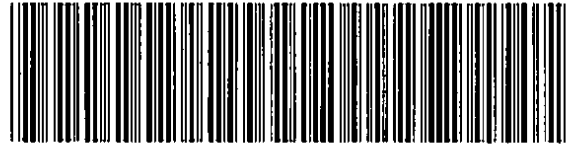
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## COVER LETTER

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

SUBJECT: Building And Delivering Dreams (BADD) (BA00), 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: Brittany Parker  
Name (Printed or typed)

4067 Old Plantation Loop  
Address

Tallahassee, FL 32311  
City/State & Zip

850-445-2229  
Daytime Telephone number

Brittany.parker0509@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: Building And Delivering Dreams Incorporate.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4067 Old Plantation loop  
Tallahassee, FL 32311

Mailing address, if different is:  
Po Box 16291  
Tallahassee, FL 32317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide business, communicating skills, computer skills, customer service, and job readiness, including assistance with resumes, job interviews, and a life-knowledge of how to not just live but thrive as young adults. This non-profit is for students primarily high school and parents looking to enroll and have resources as a non-traditional student.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Assigned

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

Name and Title: Brihany Parker / <sup>CEO</sup> President Name and Title: \_\_\_\_\_

Address: 4067 Old Plantation loop Address: \_\_\_\_\_  
Tallahassee, Florida 32311

Name and Title: Carolyn Hadley, CFO Name and Title: \_\_\_\_\_

Address: 1302 Casa Bonita Ave Address: \_\_\_\_\_  
Ruskin, FL 33570

Name and Title: Trentan son Baren / ~~CEO~~ Name and Title: \_\_\_\_\_

Address: 1302 Casa Bonita Ave Address: \_\_\_\_\_  
Ruskin, FL 33570  
Compliance Coordinator

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=D

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:

Brittany Parker

Address:

4067 Old Plantation Loop  
Tallahassee, FL 32311

**ARTICLE VII INCORPORATOR**

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

Name:

Brittany Parker

Address:

4067 Old Plantation Loop  
Tallahassee, FL 32311

**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:*

Brittany Parker

Required Signature of Registered Agent

6/30/2023

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.*

Brittany Parker

Required Signature of Incorporator

6/30/23

Date

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-D