

2300000773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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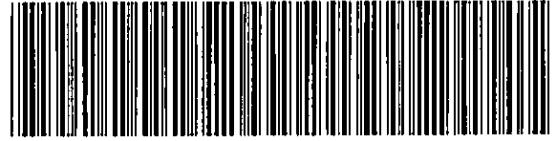
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: RESILIENT 4 LIFE OUTREACH 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: MAURICE CAMPBELL

Name (Printed or typed)

103 7TH STREET SE

Address

FORT MEADE, FL 33841

City, State & Zip

8637122774

Daytime Telephone number

maurmls@a.comcast.net

E-mail address (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

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: RESILIENT 4 LIFE OUTREACH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8302 N GROVE VIEW PLACE
TAMPA, FL 33617

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
THE ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND
SCIENTIFIC PURPOSES UNDER SECTION 501 (c) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING
SECTIONS OF ANY FUTURE FEDERAL TAX CODE

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	ROSA FAISON, PD	Name and Title:	CLINTON HILL, VPD
Address:	3211 14TH CT E	Address:	2535 LYNN LAKE CIRCLE SOUTH
	ELLENTON, FL 34222		BLD. 54 APT. D
			ST. PETERSBURG, FL 33705
Name and Title:	NEKISHA FLETCHER, SD	Name and Title:	MARGARET KNOTT, TD
Address:	4802 SIMS INLET RD, APT. A	Address:	1446 TAHITIAN SUNRISE DRIVE
	TAMPA, FL 33617		PLANT CITY, FL 33565
Name and Title:	NIKOSHA FLETCHER, DIRECTOR	Name and Title:	
Address:	8302 N GROVE VIEW PLACE	Address:	
	TAMPA, FL 33617		

SECRETARY OF STATE
TALLAHASSEE, FL

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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: MAURICE CAMPBELL
Address: 103 7TH STREET SE
FORT MEADE, FL 33841

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAURICE CAMPBELL
Address: 103 7TH STREET SE
FORT MEADE, FL 33841

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

Maurice Campbell

Required Signature of Registered Agent

06/06/23

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.

Maurice Campbell

Required Signature of Incorporator

06/06/23

Date

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TALLAHASSEE, FL