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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: CAREGIVERS LIFESTYLE 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 NOV - 7 AM 11:25

FILED

FROM: TERRANCE HAWTHORNE
Name (Printed or typed)

12094 ANDERSON ROAD #402
Address

TAMPA FL 33625
City, State & Zip

813-802-0495
Daytime Telephone number

TERRANCE.HAWTHORNE@YAHOO.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: CAREGIVERS LIFESTYLE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
12094 ANDERSON RD #402

TAMPA FL 33625

Mailing address, if different is:
12094 ANDERSON RD #402

TAMPA FL 33625

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purposes for which this ministry is organized are exclusively religious, charitable, scientific, literary, and educational within the meaning of section 501c3 of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law. Notwithstanding any other provision of these articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempted from Federal income tax under section 501c3 of IRC of 1986. Upon the dissolution of the corp, assets shall be distributed for one or more exempt purposes within the means of section 501c3 of the IRC code or corresponding section of any future federal tax code, or shall be distributed to the federal govt, or a state or local govt, for a public purpose. Any such assets not so disposed of shall be disposed of by court.

ARTICLE IV MANNER OF ELECTION

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terrance Hawthorne - President

Address: 7306 Monterey Blvd
Tampa FL 33625

Name and Title: Camdra Little - Treasurer

Address: 7306 Monterey Blvd
Tampa FL 33625

Name and Title: Alveria Hawthorne - VP

Address: 7306 Monterey Blvd
Tampa FL 33625

Name and Title: Brukycia Little - Board Member

Address: 1550 Bruce B Downs
Tampa FL 33647

Name and Title: Casandra Wilson - Secretary

Address: 321 9th Street W
Hastings MN 55033

Name and Title: Aldric Little - Board Member

Address: 378 Cindy Drive
Conyers GA 30094

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23NOV-7 AM 11:25
CLERK OF STATE
TALLAHASSEE FLORIDA

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: Terrance Hawthorne
Address: 7306 Monterey Blvd
Tampa FL 33625

ARTICLE VII INCORPORATOR

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

Name: Terrance Hawthorne
Address: 7306 Monterey Blvd
Tampa FL 33625

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/27/2023 (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

Terrance Hawthorne
Required Signature of Registered Agent

10/27/2023
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.

Terrance Hawthorne
Required Signature of Incorporator

10/27/2023
Date

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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