

N24000003391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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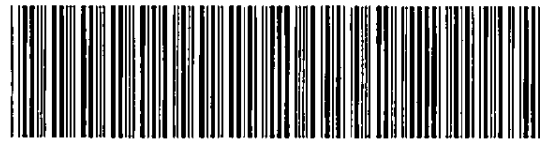
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FL



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 03/05/2024

Name: Patrice Rush

Reference #: 2292892

Entity Name: AWAKEN DREAMS FOUNDATION, INC.

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other Please provide certified copy of evidence

Authorized Amount: \$78.75

Signature: 

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Signature: 

COVER LETTER

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

SUBJECT: Awaken Dreams Foundation, 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: Roslyn Rapson
Name (Printed or typed)
3139 Shoreline Dr.
Address
Clearwater, FL 33760
City, State & Zip

Daytime Telephone number
ros1219@aol.com
E-mail address: (to be used for future annual report notification)

RECEIVED
JAN 10 2007
FBI

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: Awaken Dreams Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3139 Shoreline Dr.

Clearwater, FL 33760

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

This corporation is a not for profit corporation and is not organized for the private gain of any person. It is organized

under the Not for Profit Corporation Law for charitable purposes. The specific purposes for which this corporation is

formed are exclusively charitable within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986.

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

Directors shall be elected in accordance with the Bylaws, and shall be nominated and elected by the Board of Directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Maria Polidoro, Director (D)</u>	Name and Title:	<u>Roslyn Rapson, Director (D)</u>
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Address	<u>1108 - 1 Hickory Tree Rd.</u>	Address:	<u>3139 Shoreline Dr.</u>
	<u>Toronto, ON, CAN</u>		<u>Clearwater, FL 33760</u>
	<u>M9N 3W4</u>		

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	<u>Maria Polidoro, CEO and President</u>	Name and Title:	<u>Roslyn Rapson, Sec. and Treas.</u>
Address	<u>1108 - 1 Hickory Tree Rd.</u>	Address:	<u>3139 Shoreline Dr.</u>
	<u>Toronto, ON, CAN</u>		<u>Clearwater, FL 33760</u>
	<u>M9N 3W4</u>		

Name and Title: _____ Name and Title: Filippo Piparo - Director (D)

Address: _____ Address: 1108 - 1 Hickory Tree Rd.

M9N 3W4

Toronto, ON, CAN

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: _____ Cogency Global Inc.

Address: _____ 115 North Calhoun Street, Suite 4

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: _____ Maria Polidoro

Address: _____ 1108 - 1 Hickory Tree Rd.

Toronto, ON, CAN, M9N 3W4

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

/s/ Ashley Cepin, Asst. Secretary

Required Signature of Registered Agent

3/5/2024

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.

DocuSigned by:



Required Signature of Incorporator

3/1/2024

Date

Maria Polidoro