

N24000004005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

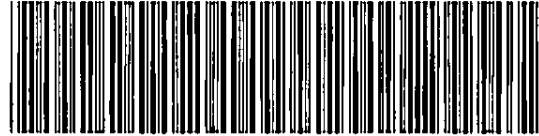
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Certified Copies _____

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RECORDS OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Foundationship 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: Shelson Jean gilles
Name (Printed or typed)

1908 E Osceola Pkwy Unit #199
Address

Kissimmee, FL 34743
City, State & Zip

321 318 3553
Daytime Telephone number

Foundationshipinc@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: Foundationship INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1908 E Osceola PKwy
Unit #199
Kissimmee, FL 34743

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To offer

counseling, mentoring, and sponsorship
opportunities to high schoolers, college
students, and young adults.

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

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Shelson Jeangilles</u> ^{CEO}	Name and Title: <u>Pierre Cireus</u> ^{CFO}
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Address: <u>1908 E Osceola</u> <u>PKwy Unit #199</u> <u>Kissimmee, FL 34743</u>	Address: <u>1908 E Osceola PKwy</u> <u>Unit #199 Kissimmee,</u> <u>FL 34743</u>
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Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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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: Shelson Jeangilles

Address: 1908 E Osceola

Pkwy Unit # 199 Kissimmee, FL 34743

ARTICLE VII INCORPORATOR

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

Name: Shelson Jeangilles

Address: 1908 E Osceola Pkwy

Unit 199 Kissimmee, FL 34743

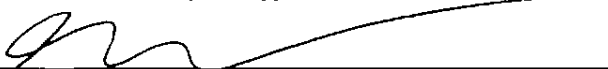
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/29/24 (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

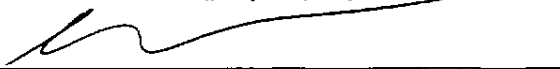


Required Signature of Registered Agent

03/29/24

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.



Required Signature of Incorporator

03/29/24

Date