

*N2400006216*

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

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RECEIVED  
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DIVISION OF CORPORATIONS  
REGISTRATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION  
THE RIZEUP ORGANIZATION INCORPORATED

Certificate of Status	0
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DIVISION OF CORPORATIONS  
REGISTRATION SERVICES

**ARTICLES OF INCORPORATION**

In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**The name of the corporation shall be: THE RIZEUP ORGANIZATION INCORPORATED**ARTICLE II PRINCIPAL OFFICE**Principal street address:  
7901 4th St NMailing address, if different is:  
PO BOX 1486STE 300St. Petersburg, FL 33702ORANGE CITY, FL 32774**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The purpose of this organization includes, but is not limited to: The Rizeup Organization is a nonprofit dedicated to supportingindividuals in despair. Our mission is to connect those in need with vital resources and services that can offer immediate and long-termassistance. Through targeted fundraising efforts, we generate funds to provide financial support, essential goods, and access toprofessional services. Our organization acts as a bridge between those facing difficult times and the community resources available tohelp them, ensuring that no one is left to struggle alone. By fostering partnerships and mobilizing community support, we aim to upliftlives and create a network of care and compassion.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EVANS, JB - Director

Name and Title: \_\_\_\_\_

Address: 7901 4th St N

Address: \_\_\_\_\_

STE 300St. Petersburg, FL 33702Name and Title: COX, ANCIL - Director

Name and Title: \_\_\_\_\_

Address: 7901 4th St N

Address: \_\_\_\_\_

STE 300St. Petersburg, FL 33702Name and Title: MCRIMMON, CARLTON - Director

Name and Title: \_\_\_\_\_

Address: 7901 4th St N

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: Northwest Registered Agent LLCAddress: 7901 4th St N STE 300St. Petersburg, FL 33702**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Northwest Registered Agent LLCAddress: 7901 4th St N STE 300St. Petersburg, FL 33702**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.

*John N...*  
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 Agent05/29/2024

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.

Walt Smith\_\_\_\_\_  
Required Signature of Incorporator05/29/2024

Date

2024 MAY 29 AM 9:55