

N24000008163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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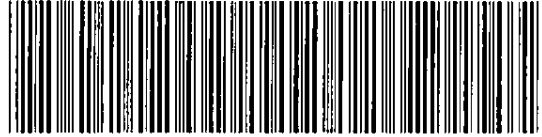
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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S. CHATHAM
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FILE AND/OR VIDEO
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 JUL 10 PM 10:10

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AS

COVER LETTER

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

SUBJECT: GIVING BACK 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: POOJA OBERAI

Name (Printed or typed)

758 Haddonstone Cr, Apt 206

Address

Heathrow, FL 32746

City, State & Zip

479-367-4478

Daytime Telephone number

oberaipooja30@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: GIVING BACK FOUNDATION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7025 CR 46 A , SUITE 1071-341

LAKE MARY , FL 32746

Mailing address, if different is:
SAME AS PRINCIPAL ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Giving Back Foundation is organized to foster a thriving, compassionate community in Florida by addressing essential needs and promoting holistic well-being. Our mission includes distributing nutritious food to combat food insecurity, raising mental health awareness through workshops and counseling, offering holistic health and spiritual guidance, distributing books, toys, and clothing to families in need, providing direct support to underserved populations and establishing shelters for the homeless. Through these initiatives, we aim to create an inclusive and resilient and resilient community where every individual has access to resources for a healthy and fulfilling life.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pooja Oberai - Director

Address: 7025 CR 46 A

Suite 1071-341

Lake Mary FL 32746

Name and Title: Mr.Sanjay Verma - Director

Address: 7025 CR 46 A

Suite 1071-341

Lake Mary FL 32746

Name and Title: Mr.Ashok Oberai - Director

Address: 7025 CR 46 A

Suite 1071-341

Lake Mary FL 32746

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2024 JUL 10 PM 10:13
CLERK OF DISTRICT COURT
JUL 10 2024
CLERK OF DISTRICT COURT

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: Pooja Oberai
Address: 758 Haddonstone Cr. Apt 206
Heathrow FL 32746

ARTICLE VII INCORPORATOR

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

Name: Pooja Oberai
Address: 758 Haddonstone Cr. Apt 206
Heathrow FL 32746

FILED
2024 JUL 10 PM 10:15
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE, FL 32317

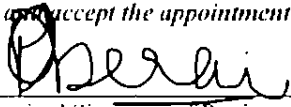
ARTICLE VIII EFFECTIVE DATE:

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.

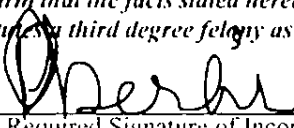
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

07/10/2024

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.


Required Signature of Incorporator

07/10/2024

Date