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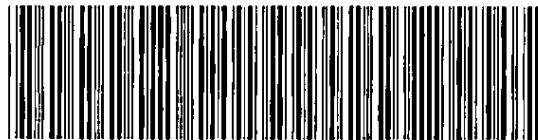
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AUG 20 2024

## COVER LETTER

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

**SUBJECT:** Secured Living 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:** Dr. Chasity Fortham

\_\_\_\_\_  
Name (Printed or typed)

7901 NW 33rd Street

\_\_\_\_\_  
Address

Hollywood, FL 33024

\_\_\_\_\_  
City, State & Zip

305-586-3585

\_\_\_\_\_  
Daytime Telephone number

docs@secured-living.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: Secured Living Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
6245 Powerline Road, Suite 205

Fort Lauderdale, FL 33309

Mailing address, if different is:

7901 NW 33rd Street, Apt. 6

Hollywood, FL 33024

**ARTICLE III PURPOSE**

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

1. Organized exclusively for charitable and educational purposes under section 501 (c)(3) of the Internal Revenue Code.

\_\_\_\_\_ or the corresponding section of any future federal tax code.

2. Secured Living Inc. is focused on empowering adults and young adults through comprehensive transitional housing solutions,

\_\_\_\_\_ essential household support, and financial education. Our mission is to foster stability and independence by offering resources

\_\_\_\_\_ for personal and financial growth.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Nonprofit bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr. Chasity Fortham, President

Address: 6245 Powerline Road, Suite 205  
Fort Lauderdale, FL 33309

Name and Title: Carlton Fortham, Vice President

Address: 6245 Powerline Road, Suite 205  
Fort Lauderdale, FL 33309

Name and Title: Ebony Whitfield, Secretary

Address: 6245 Powerline Road, Suite 205  
Fort Lauderdale, FL 33309

Name and Title: Vincent Heard, Treasurer

Address: 6245 Powerline Road, Suite 205  
Fort Lauderdale, FL 33309

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

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

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

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

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

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

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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: Hug Me Forever, LLC

Address: 7901 NW 33rd Street, Apt. 6

Hollywood, FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pamela P. Harris, CPA

Address: 3350 SW 148th Avenue, Suite 110

Miramar, FL 33027


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/1/24 (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

7/8/24  
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

7/10/24  
Date