

N24000010123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

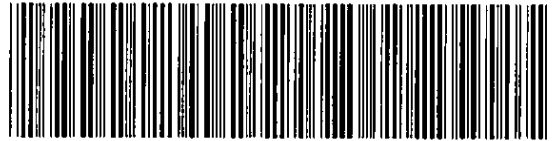
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700435078737

08/21/24--01008--003 \*\*87.50

2024

## COVER LETTER

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

THE AMARA TOURÉ FOUNDATION INC.

**SUBJECT:** \_\_\_\_\_  
(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**

Abdoulaye Touré

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

1500 NW 16th Ave., Apt #257

\_\_\_\_\_  
Address

Gainesville, FL 32605

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

352-682-4766

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

toureabdoulaye76@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 AMARA TOURÉ FOUNDATION INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1500 NW 16TH AVENUE

Mailing address, if different is:

APT #257

GAINESVILLE, FL 32605

**ARTICLE III PURPOSE**

To honor the memory of Dr. Amara Touré, who spent  
The purpose for which the corporation is organized is: \_\_\_\_\_  
his life serving others, and in particular, the people of his country, Chad, Africa. Dr. Touré was unwavering in  
his generosity and tried to help as many in need that he possibly could. His son, Abdoulaye Touré, wants to  
continue in his father's footsteps. With Abdoulaye's generous spirit coupled with contributions from others  
feeling moved to help, we hope to buy food for the hungry and help supply over the counter medicines that are  
not available in these poor villages. Ultimately, our vision is to build a health clinic in N'Djamena, the capital  
of Chad, to serve those in need and not able to afford health care.

by Abdoulaye Touré

**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:	Mrs. Tracy Hodson	Name and Title:	
Address	929 NE 11th Ave. Gainesville, FL 32601	Address:	
Name and Title:	Ms. Kristina Ford	Name and Title:	
Address	4103 NE 17th Terrace Gainesville, FL 32609	Address:	
Name and Title:	Ms. Aubrey Hall	Name and Title:	
Address	2328 Amur Dr. Austin, TX 78745	Address:	

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: Abdoulaye Touré  
1500 NW 16th Ave., Apt #257  
Address: Gainesville, FL 32605  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Abdoulaye Touré  
1500 NW 16th Ave., Apt #257  
Address: Gainesville, FL 32605  
\_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:** August 17, 2024

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.

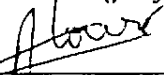
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

08/17/2024

\_\_\_\_\_  
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

08/17/2024

\_\_\_\_\_  
Date