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COVER LETTER

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

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

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jennifer Smith
Name (Printed or typed)

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: Abundane	e Ox Luve Inc
ARTICLE II PRINCIPAL OFFICE	,
Principal street address:	Mailing address, if different is:
1301 Magana Place	
The Villageo, I-L 32150	3
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Exclusively charitabl	e. Community Outreach
within the meaning of Sec	Hon 501(c)(3) of the Interval
Revenue Code of 1986 or the	corristanding section of any
tax code. The purpose is to pr	wick cost free items of comfort
Items to undeserved Commu	1
out reach Programs	
ARTICLE IV MANNER OF ELECTION The manner in w	hich the directors are elected and appointed:
As Stated in the Bylan	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title Transfer Smith President Name	ne and Title: Nancy Still, Secretary
Address 1301 Magana Place Ad	dress: 1308 Blease Loop
The Villageo, FL32159	The Villages, FL 32162-6427
Name and Title: KATHY MOREY TREASURER Na	ne and Title: JOHANNA COLE, DIRECTOR
Address 942 LIVINGSTON LOOP Ad	dress: 5868 WOOD STORK WAY
THE VILLAGES FL 32162	THE VILLAGES, FL 32163 50
	SEP.
Name and Title: BONITA MULNEIX, DIRECTOR	
Address 2547 FIVE FORKS TRAIL Ad	dress:
THE VILLAGES, FL 32162	19 (8 / 19 / 19 / 19 / 19 / 19 / 19 / 19 / 1
	19

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: Jennifer Smitt	
Address: 1301 Magana F	Pace_
Ine Unlago, FL	32159
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Name: Jennifer Smith	·
Address: 1301 magana P	
Tre Villageo FL 3	<u>ର୍ଗାଟ୍ର</u>
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specif	. (OPTIONAL) fic 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 t document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as the s records.
Having been named as registered agent to accept ser certificate. I am familiar with and accept the appointment	rvice of process for the above stated corporation at the place designated in this ent as registered agent and agree to act in this capacity
Required Signature of Regist	Stered Agent 9 04 2024
`	herein are true. I am aware that any false information submitted in a document to
the Department of State constitutes a third degree felon	
Sensety Required Signature of I	Incorporator 9/04/2021
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