## N2400012081

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certificates of Status                  |
| Special Instructions to Filing Officer. |
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|   |

Office Use Only



300437786353

10/11/24--01012--011 \*\*87.50

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

|   | PRINCIPAL OFFICE  | Mailian a lileura de di                                    | 0C            |
|---|---|--|---------------|
| 10906   | Principal <u>street</u> address:<br>6 Wingate Road  | Mailing address, if di                                     | Herent is:    |
| Jackso  | onville, FL 32218   |  |               |
| ARTICI.E III The purpose fo                       | PURPOSE  r which the corporation is organized is:   | 08(C)(1)(A) Non-Profit Organization                        |               |
|   |   |  |               |
|   |   |  |               |
|   |   |  |               |
| RTICLE IV   | MANNER OF ELECTION The man  | ner in which the directors are elected and appoint         | ed: appointed |
| (RTICLE IV  | MANNER OF ELECTION The man  | ner in which the directors are elected and appoint         | ed: appointed |
| RTICLE V  | INITIAL OFFICERS AND/OR DIREC   |  | ed: appointed |
| RTICLE V  | INITIAL OFFICERS AND/OR DIREC   |  |               |
| RTICLE V  | INITIAL OFFICERS AND/OR DIRECT Clayvin Richards, President  | <u>TORS</u>  |               |
| RTICLE V  | INITIAL OFFICERS AND/OR DIREC   | TORS  Name and Title:                                      |               |
| RTICLE V  Jame and Title                          | Clayvin Richards, President  10906 Wingate Road  Jacksonville, FL 32218   | TORS  Name and Title:                                      |               |
| RTICLE V  Name and Title  Address                 | Clayvin Richards, President  10906 Wingate Road  Jacksonville, FL 32218   | TORS  Name and Title:  Address:                            |               |
| RTICLE V  Name and Title  Address                 | Clayvin Richards, President  10906 Wingate Road  Jacksonville, FL 32218  Marguerite Richards, Vice-President  | TORS  Name and Title:  Address:  Name and Title:           |               |
| RTICLE V  Jame and Title  Address  Jame and Title | Clayvin Richards, President  Clayvin Richards, President  10906 Wingate Road  Jacksonville, FL 32218  Marguerite Richards, Vice-President  10906 Wingate Road  Jacksonville, FL 32218   | TORS  Name and Title:  Address:  Name and Title:           | 1507662       |
| RTICLE V  Name and Title  Address  Name and Title | Clayvin Richards, President  Clayvin Richards, President  10906 Wingate Road  Jacksonville, FL 32218  Marguerite Richards, Vice-President  10906 Wingate Road  Jacksonville, FL 32218  Carolyn Foster, Secretary  2051 Smith Pointe Drive | TORS  Name and Title:  Address:  Name and Title:  Address: | 1507662       |

| ddress                                    |  |  |                             |              |
|---|--|--|-----------------------------|--------------|
|   |  |  |                             |              |
| ame and Title:                            |  |  |                             |              |
| ame and Title:                            |  |  | ···                         |              |
| ame and Title:                            |  |  |                             |              |
|   |  | Name and Title:  |                             |              |
| ddress                                    |  |  |                             |              |
|   |  |  | ··-                         |              |
|   |  | · · · · · · · · · · · · · · · · · · ·  | <del></del>                 |              |
|   |  | · · · · · · · · · · · · · · · · · · ·  | <del> </del>                |              |
| RTICLE VI RE                              | GISTERED AGENT   |  |                             |              |
| he <u>name and Flori</u>                  | da street address (P.O. Box NOT accep  | stable) of the registered agent is:  |                             |              |
| Name:                                     | Marguerite Richards  |  |                             |              |
| Address:                                  | 10906 Wingate Road   |  |                             |              |
|   | Jacksonville, FL 32218   |  |                             |              |
| Name:                                     | Marguerite Richards 10906 Wingate Road   | <u> </u>   |                             |              |
| Address:                                  | Jacksonville, FL 32218   |  |                             |              |
|   |  |  |                             |              |
|   | FFECTIVE DATE:<br>er than the date of filing:  | (OPTIONAL)   |                             |              |
| f an effective date                       | is listed, the date must be specific ar  | d cannot be more than five days price  | or or 90 days after the fil | ing.)        |
|   | erted in this block does not meet the ap<br>date on the Department of State's reco   |  | his date will not be listed | as the       |
|   | as registered agent to accept service iliar with and accept the appointment a  |  |                             | ited in this |
| Margu                                     | erite Richards Required Signature of Registered  |  | 10/5/2024                   | _            |
|   |  |  | Date                        |              |
|   |  |  |                             | -210         |
| submit this docume                        | ent and affirm that the facts stated herei<br>tate constitutes a third devree felony as  | n are true. I am aware that any false inf<br>provided for in s.817.155. F.S. | ormation submitted in a d   | ocument to   |
| submit this docume<br>se Department of Si | tate constitutes a third degree felony as  | provided for in s.817.155, F.S.  | 627                         | ocument to   |
| submit this docume<br>se Department of Si | tate constitutes a third degree felony as  | provided for in s.817.155, F.S.  | 10/5/2024                   | ocument to   |
| submit this docume<br>se Department of Si | ent and affirm that the facts stated hereistate constitutes a third degree felony as well as the constitutes of the Charles  Required Signature of Incorp. | provided for in s.817.155, F.S.  | 10/5/2024                   | ocument to   |

## **COVER LETTER**

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

| SUBJECT: Fostering W      | ith Love INC                               |   |  |
|---------------------------|--|---|--|
|                           | (PROPOSED CORPO                            | RATE NAME – <u>MUST INC</u>                         | CLUDE SUFFIX)                                      |
| Enclosed is an original a | and one (1) copy of the Artic              | les of Incorporation and                            | a check for :                                      |
| □ \$70.00<br>Filing Fee   | \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | ■ \$87.50 Filing Fee, Certified Copy & Certificate |
| FROM:                     | Marguerite Richards                        |   | - And Quitab                                       |
|                           | Name                                       | (Printed or typed)                                  | •  |
|                           | 10906 Wingate Road                         |   |  |
|                           |  | Address   | •  |

Jacksonville, FL 32218

legacy288@yahoo.com

904-412-3919

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

City, State & Zip

Daytime Telephone number

53 th 1.3 of 1.00 for

| ame and Title                | Nar  | ne and Title:   |                |               |                |
|------------------------------|--|---|----------------|---------------|----------------|
| ddress                       |  |   | -              | _             |                |
| iui ess                      | Ad   | iress;  |                | _             |                |
|                              |  |   |                | <u>-</u><br>- |                |
| ıme and Title                | : Nar  | ne and Title:   |                | _             |                |
| dress                        | Add  | lress:  |                | <del></del>   |                |
|                              |  |   |                | _             |                |
|                              | ······································   |   |                | <del></del>   |                |
| RTICLE VI                    |  |   |                |               |                |
|                              | Florida street address (P.O. Box NOT acceptable<br>Marguerite Richards                                     | ) of the registered agent is:   |                |               |                |
| ame:                         |  | <del>_</del>  |                |               |                |
| ddress:                      | 10906 Wingate Road   | <del></del>   |                |               |                |
|                              | Jacksonville, FL 32218   |   |                |               |                |
| łame:                        | Marguerite Richards  | _   |                |               |                |
| Name:                        | 10906 Wingate Road   | _   |                |               |                |
| Address:                     |  |   |                |               |                |
|                              | Jacksonville, FL 32218   | <u> </u>  |                |               |                |
| fective date, i              | EFFECTIVE DATE: f other than the date of filing:   | (OPTIONAL)  |                |               |                |
|                              | date is listed, the date must be specific and car  |   |                |               | · ·            |
| cument's effe                | e inserted in this block does not meet the applica<br>ctive date on the Department of State's records.     | bie statutory ming requirements, this c                               | iate will not  | be listed a   | is the         |
| wing been no                 | nned as registered agent to accept service of pro<br>familiar with and accept the appointment as regi      | exess for the above stated corporation                                | ı at the place | e designat    | ted in thi     |
| 4                            |  | -   | . •            | . S           | 20             |
| <u>Mara</u>                  | Mente (Richado) Required Signature of Registered Agen  |   | /5/2024        |               | <u>-</u> ·     |
| V                            | •  |   | Date           | -:<br>        |                |
| ubmit this doc<br>Department | sument and affirm that the facts stated herein are<br>of State constitutes a third degree felony as provid | true. I am aware that any false informa<br>led for in s.817.155. F.S. | ation submitt  | ed in a do    | cument to      |
|                              | Guente Richards Required Signature of Incorporate  |   | /5/2024        | :             |                |
| -1 11 W                      | evente (Richardo   |   | /5/2024        | ÷             |                |
|                              | A Required Signature of Incomprate   | <u></u>   | Date           | , , , 1       | <del>-</del> . |