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## **COVER LETTER**

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

Land of Goo	ds Vocational Consulting Inc		
	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
·		ticles of Incorporation and	
□ \$70.00	<b>5</b> \$78.75	□\$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	DeAndrea Williams		_

	Name (Printed or typed)
627 N Grandview Ave	e, suite 222
	Address
Daytona Beach Fl 321	118
	City, State & Zip
386-355-1140 ext 701	
	Daytime Telephone number
deandrea@vocational	consultant.com
mail address: (to be u	sed for future annual report notification

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

'Name and Title:_	<u> </u>	Name and Title:	
Address		Address:	
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_	· <del>····································</del>	Name and Title:	
Address		Address:	
_			
	REGISTERED AGENT orida street address (P.O. Box NOT acco	eptable) of the registered agent is:	
- Name:	DeAndrea Williams		
Address:	627 N Grandview Ave, suite 222		
	Daytona Beach Fl 32118		
	INCORPORATOR Idress of the Incorporator is:  DeAndrea Williams  627 N Grandview Ave, suite 222		
Address:	Daytona Beach Fl 32118		
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific a	(OPTIONAL)  Ind cannot be more than five days prior	or 90 days after the filing.)
	inserted in this block does not meet the stive date on the Department of State's re-	applicable statutory filing requirements, the cords.	nis date will not be listed as the
		e of process for the above stated corporal as registered agent and agree to act in this	
I submit this does	Required Signature of Registered	· ·	Date
	f State constitutes a third degree felony as  Required Signature of Inco	www.	Date

J. Ai

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## ARTICLES OF INCORPORATION

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

ARTICLE II	NAME the corporation shall be:  PRINCIPAL OFFICE	
		NATIVE AND CONTROL OF THE
627	Principal street address:  N Grandview Ave, suite 222	Mailing address, if different is:
Day ——	ytona Beach Fl 32118	
ARTICLE I	II PURPOSE	See Americal Degra
The purpose	for which the corporation is organized is:	See Attached Page.
<del></del>	· · · · · · · · · · · · · · · · · · ·	
RTICLE I	V MANNER OF ELECTION The ma	anner in which the directors are elected and appointed:
	' INITIAL OFFICERS AND/OR DIRE	
IRTICLE V	' INITIAL OFFICERS AND/OR DIRE	anner in which the directors are elected and appointed:  ECTORS  Name and Title:
ARTICLE I	DeAndree Williams P.D.	ECTORS
Name and T	<i>INITIAL OFFICERS AND/OR DIRE</i> itle: DeAndrea Williams, P,D	ECTORS  Name and Title:
Name and T	itle: DeAndrea Williams, P,D  627 N Grandview Ave, suite 222  Daytona Beach Fl 32118	ECTORS  Name and Title:
Name and Ti	itle: DeAndrea Williams, P,D  627 N Grandview Ave, suite 222  Daytona Beach Fl 32118  Seth Williams, T,D	ECTORS  Name and Title:
ARTICLE V	itle: DeAndrea Williams, P,D  627 N Grandview Ave, suite 222  Daytona Beach F1 32118  itle: Seth Williams, T,D  627 N Grandview Ave, suite 222	Name and Title:  Address:
Name and To	itle: DeAndrea Williams, P,D  627 N Grandview Ave, suite 222  Daytona Beach Fl 32118  Seth Williams, T,D	Name and Title:  Name and Title:  Name and Title:
Name and Ti	itle:  DeAndrea Williams, P,D  627 N Grandview Ave, suite 222  Daytona Beach F1 32118  Seth Williams, T,D  627 N Grandview Ave, suite 222  Daytona Beach F1 32118	Name and Title:  Address:  Name and Title:  Address:
ARTICLE V Name and Ti Address	itle:  DeAndrea Williams, P,D  627 N Grandview Ave, suite 222  Daytona Beach F1 32118  Seth Williams, T,D  627 N Grandview Ave, suite 222  Daytona Beach F1 32118	Name and Title:  Name and Title:  Name and Title: