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(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** Hidden Apple 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:** Linda Mishaelle Alexandria Henderson  
\_\_\_\_\_  
Name (Printed or typed)

1917 W. Saint Conrad Street  
\_\_\_\_\_  
Address

Tampa, Florida 33607  
\_\_\_\_\_  
City, State & Zip

802-922-6692  
\_\_\_\_\_  
Daytime Telephone number

hiddenappleorg@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Hidden Apple Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address:  
1917 West Saint Conrad Street

Tampa, Florida 33607

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Teach, Assist, Provide, and Support At Risk Children, Teens and Adults with  
Basic Needs, Life Skills, Counseling, Tutoring, Mentoring and Resources needed for success while incorporating the power of  
giving back through Faith Driven Community Service and Learning.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: As provided by bylaw

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

Name and Title: Linda Henderson M.A - CEO President

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

Address: 1917 West Saint Conrad Street .

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

Tampa, Florida 33607

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

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

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

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

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

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

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

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

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TALLAHASSEE, FL

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: Linda Mishaelle Alexandria Henderson  
Address: 1917 W. Saint Conrad Street  
Tampa, Florida 33607

**ARTICLE VII INCORPORATOR**

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

Name: Linda Mishaelle Alexandria Henderson  
Address: 1917 W. Saint Conrad Street  
Tampa, Florida 33607

**ARTICLE VIII EFFECTIVE DATE:**

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

10/23/2024  
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

10/23/2024  
Date

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TALLAHASSEE, FL

October 22, 2024

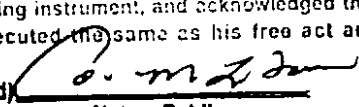
I, Linda Mishaelle Alexandria Henderson, would like to allow and release name Hidden Apple Inc., on new application.

Sincerely,



Linda Mishaelle Alexandria Henderson

Notary:

State of Florida  
County of Hillsborough  
On this 24 day of Oct 2024 before me  
personally appeared  
Linda Mishaelle Alexandria Henderson  
known to be the person who executed the  
forgoing instrument, and acknowledged that  
he executed the same as his free act and  
deed  
(signed)   
Notary Public



COLLEEN M. LAFAVORS  
Notary Public  
State of Florida  
Comm# HH508314  
Expires 6/30/2028

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