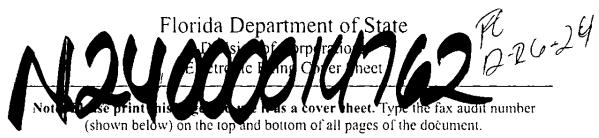
Division of Corporations



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## FLORIDA PROFIT/NON PROFIT CORPORATION

A Place of Goodness Inc.

Certificate of Status	0
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Page Count	05
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## **COVER LETTER**

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

A Place of Goodness Inc.  SUBJECT:   (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)							
inclosed is an original a □ \$70.00 Filing Fee	nd one (1) copy of the Ar  \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	a check for :  \$87.50 Filing Fee. Certified Copy & Certificate				
		ADDITIONAL CO	PY REQUIRED				
FROM:	Erik Treutlein, Legalzoom.co	om, Inc.	_				

Address

Austin, TX 78717

City, State & Zip

323 962-8600 ext. 9724

Daytime Telephone number

ramanagement@legalzoom.com

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

9900 Spectrum Drive

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

## ARTICLES OF INCORPORATION

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

	of the corporation shall be: A Place of C	oodness Inc.		<del></del>	-
<u>ARTICLI</u>	E II PRINCIPAL OFFICE				
	Principal <u>street</u> address: 382 NE 191st St #799661		Mailing address, if different is:		
~	Miami, Florida, 33179				
ARTICLE The purpo	E III PURPOSE  see for which the corporation is organize	d is:	to help people in difficult situations.		
<del></del>			· · · · · · · · · · · · · · · · · · ·	20	
			<del></del>	2014 DE	- <u>-                                  </u>
				C 21	1315 F
			•	-9	_]*!
			ors are elected and appropriated. The m	=	ال
ARTICLE			in be stated in the bylaws.		
Name and		Name and Title:_	Tom Molitor (D)	-	
Address	6251 S Mason Ave	Address:	355 Collins Rd	-	
	Chicago, IL, 60638		Belgrade, MT, 59714	-	
Name and	Title: Greg Sjoquist (D)	Name and Title:		-	
Address	1806 Oak Forest Dr W	Address:		_	
	Clearwater, FL, 33759			-	
Name and	Title:	Name and Title:		-	
Address		Address:		-	
	· · · · · · · · · · · · · · · · · · ·	<del></del>		-	

•	Page: 5 of 5	2024-12-24	12:03:17 PST	LegalZoom.com, Inc.		From: Fatim
Name and T	Fitte:		Name and Title:			
Address			Address:	<del> </del>	<del></del>	
		<u>.                                    </u>			_	
Name and T						
Address						
		<del></del>	<del></del>			
	VI REGISTERED AGE, and Florida street address (		able) of the registered	agent is:		
Name:	United States Corp	ooration Agents, Inc.	<del></del>			
Address:	476 Riverside Ave				~ 1	
	Jacksonville, FL 3	2202		<b>`</b> f	2024 DEC	
					171	* *
	VII INCORPORATOR  and address of the Incorpora	tor is:			24	
Name:	Daniel Adkins			7.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	- Ng	g the g
Address:	6251 S Mason Av	c		LESITE INTERIOR	PH II: 57	See !
	Chicago, IL, 6063	8		m.	7	
Effective da	VIII EFFECTIVE DATE tte, if other than the date of	filing:		(OPTIONAL)		
(If an effect	tive date is listed, the date	must be specific and	d cannot be more tha	n five days prior or 90 days a	fter the	e filing.)
	e date inserted in this block effective date on the Depar			g requirements, this date will no	ot be lis	ted as the
	n named as registered ager um familiar with and accep			ve stated corporation at the plo gree to act in this capacity	ice desi	gnated in this
/s/	Crik Treedlain			12/24/2024		
I submit this	n, United States Corporation Age	the facts stated herein	are true. I am aware t	Da hat any false information subm 5 F S		a document to
-	niel Adkins	nu aegree jeuny as p	raviuvu joi 111 5.017.13			
/8/Dar		d Signature of Incorp	orator	12/24/2024	1le	<del></del>
	Require	a Signature of theorp	CHOIGH	U		