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(Requestor's Name)

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COVER LETTER

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

SUBJECT: The ArtReach Project, 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: Aisha Brooks
Name (Printed or typed)

17310 NW 41st Ave.
Address

Miami Gardens, FL 33055
City, State & Zip

(786) 423-1119
Daytime Telephone number

asbrooks03@aol.com
E-mail address: (to be used for future annual report notification)

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: The ArtReach Project, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

17310 NW 41st Ave.

Miami Gardens, FL 33055

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Exclusively for charitable, educational, and scientific purposes as define under section 501(c)(3) of the Internal Revenue Code. Our mission includes providing educational programs, community and resources to enhance individual and community well-being. Upon dissolution, all assets shall be distributed for one o exempt purposes within the meaning of section 501(c)(3), or shall be distributed to the federal government, or state or loc government for a public purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: At any regular or special meeting of the Board of Directors by a majority vote of those present

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aisha Brooks, CEO
Address: 17310 NW 41st Ave.
Miami Gardens, FL 33055

Name and Title: Latoya Porter, SEC.
Address: 15331 NW 32nd Ave.
Opa-Locka, FL 33054

Name and Title: Geneva Green, PRES
Address: 179 NW 59th Street, #4
Miami, FL 33142

Name and Title: Alessandra Williams, TRES.
Address: 2975 NW 199th Terrace
Miami Gardens, FL 33056

Name and Title: Chad Norton, V. PRES.
Address: 4701 NW 15th Ave.
Miami, FL 33142

Name and Title:
Address:

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: Aisha Brooks

Address: 17310 NW 41st Ave.

Miami Gardens, FL 33055

ARTICLE VII INCORPORATOR

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

Name: Aisha Brooks

Address: 17310 NW 41st Ave.

Miami Gardens, FL 33055

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

_____ 3/18/2025

Required Signature of Registered Agent 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.

_____ 3/18/2025

Required Signature of Incorporator Date

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Address _____ Address: _____

_____ _____

_____ _____

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