

N250000006698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2025

SAMUEL EMENIKE
7108 FERN GARDEN COURT
SUN CITY CENTER, FL 33573 US

SUBJECT: FOUNDATION FOR POSTIVE OUTCOMES INC.
Ref. Number: W25000064745

We have received your document for and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jazmine N Ardley
Regulatory Specialist II

Letter Number: 325A00010155

2025 JUN -3 PM 2:57

RECEIVED

COVER LETTER

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

SUBJECT: NON PROFIT COMPANY DOMESTICATION

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FOUNDATION FOR POSITIVE OUTCOMES INC.
Name (printed or typed)

7108 FERN GARDEN COURT
Address

SUN CITY CENTER, FL 33573
City, State & Zip

908-797-5129
Daytime Telephone Number

emenike.samuel@gmail.com
E-mail address: (to be used for future annual report notification)

**NOT FOR PROFIT
CERTIFICATE OF DOMESTICATION**

The undersigned, SAMUEL EMEHIKE, PHARM.D. (Name), DIRECTOR (Title)
of FOUNDATION FOR POSITIVE OUTCOMES, INC a foreign Corporation
(Corporation Name)

in accordance with section 617.1803, Florida Statutes, does hereby certify:

(AUGUST 15, 2013)

1. The date on which corporation was first formed was 8/15/2013.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was NEW JERSEY, USA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was FOUNDATION FOR POSITIVE OUTCOMES, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is FOUNDATION FOR POSITIVE OUTCOMES, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was NEW JERSEY, USA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

SAMUEL EMEHIKE,
I am DIRECTOR, of FOUNDATION FOR POSITIVE OUTCOMES, INC
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the 22 day of APRIL, 2025

[Signature]

(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

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TALLAHASSEE, FL

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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:

FOUNDATION FOR POSITIVE OUTCOMES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address shall be:

Principal Address

Mailing Address

7108 FERN GARDEN CT

7108 FERN GARDEN CT

SUN CITY CENTER, FL 33573

SUN CITY CENTER, FL 33573

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

- TO CONDUCT MEDICAL MISSIONS TO DEVELOPING COUNTRIES TO
ENSURE NO CHILD IS DETERRED BY INFECTIVE ILLNESS SO ^{CAN} GROW
TO A HEALTHY FUNCTIONING ADULT.
- TO PROVIDE FREE PREVENTIVE HEALTHCARE SERVICES - MALARIA, DIAB
TYPHOID FEVER, HTN (HYPERTENSION)
- TO PROVIDE FREE DIABETES AND BLOOD PRESSURE SCREENING AND
MONITORING SERVICES TO INDIGENES
- TO PROVIDE FREE PREVENTIVE SERVICES TO ADULTS AND CHILDREN
TO HELP AGAINST THE SPREAD OF HIV/AIDS IN THE COMMUNITY
- TO PROMOTE AND SPONSOR PROJECTS ON INFECTION CONTROL
- TO CONDUCT PREVENTIVE SUBSTANCE ABUSE COUNSELING SERVICES
FOR SCHOOLS IN OUR IMMEDIATE COMMUNITIES.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

APPOINTED BY THE BOARD OF DIRECTORS

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):

Title/Name (SAMUEL)

Title/Name

① DIRECTOR | SAM EMEIKE, PHARM, RPH TREASURER | LANELL EMEIKE ①

7108 FERN GARDEN CT

7108 FERN GARDEN CT

SUN CITY CENTER, FL 33573

SUN CITY CENTER, FL 33573

Title/Name

Title/Name

SECRETARY | BRANDON EMEIKE ①

9738 HOUND CHASE DR.

CITIBSONTON, FL 33534

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SAMUEL EMEHIKE
7108 FERN GARDEN CT
SUN CITY CENTER, FL 33573

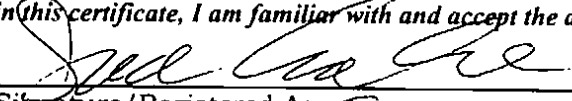
ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

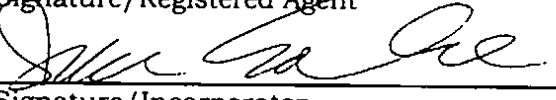
SAMUEL EMEHIKE
7108 FERN GARDEN CT
SUN CITY CENTER, FL 33573

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SECRETARY OF STATE
TAMPA, FLORIDA

Having been named as registered agent and 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.


Signature/Registered Agent

4/22/25
Date


Signature/Incorporator

4/22/25
Date