P10000035645

(Requestor's Name)
(Address)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
(-1,7-10-10-17)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
-1 Let 10
1111194
#
Office Use Only



200173426172

03/30/10--01016--019 **78.75

10 APR 23 PH 12: 57

SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

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

SUBJECT: University	Upliff	
(PROPOSED CORPORA	TE NAME MUST INCL	<u>UDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	a check for:
■ \$70.00 ■ \$78.75 Filing Fee	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	F	r ragonas

ernesting Frzag Vahvo. Com/Live II@ att. net E-mail address: (to the used for future annual report notification)

Name (Printed or typed)

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



March 31, 2010

ERNESTINE L. FRAZIER 5554 BALFREY DRIVE WEST PALM BEACH, FL 33413

SUBJECT: OUTREACH TO UPLIFT Ref. Number: W10000015943

We have received your document for OUTREACH TO UPLIFT and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 610A00007903

APTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	DIVISIO
Outreach To Upliff INC	雅 France Control
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is:	3 \$ \$ € €
5554 Balfrey Drive Mest Palm Beau. Fl 33413	PHI2: 57
The purpose for which the corporation is organized is: The purpose of	a wipon
ARTICLE III PURPOSE The purpose for which the corporation is organized is: The purpose of the p	the client
To help them become Independent.	
The number of shares of stock is: Ernestin Frazier 40%	
100 Shares Zane morris; \$0%	
ARTICLE V INITIAL OFFICER'S AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
Ernestine Frazie President	
Zone Morris Vice President	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:	
Ernestine C Fraziera 5554 Balfrey Dr. With West Palm Beach Fl. 33413	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Ernestine L Frazier	
Ernestine L. Frazier 5554 Balfry Drive West Palm Beach Fl 33413	
West talm Beach M 33413	*******************************
Having been named as registered agent to accept service of process for the above stated co	rporation at the
place designated in this certificate, I am familiar with and accept the appointment as regis	tered agent and
agree to act in this capacity	
a/18/21	۸/۸
Signature/Registered Agent Date	<u></u>
1 hr/a 3/18/201	′ δ
Signature/Incorporator Date	<u>~~~</u> .