

P1400000132163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

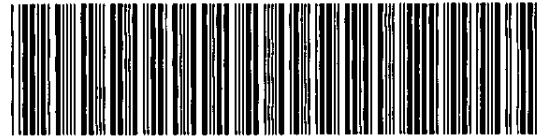
(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FLORIDA

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W14000001375

2/12/14

COVER LETTER

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

SUBJECT: NONPROFITRFP, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: SAAK TAYLOR
Name (Printed or typed)

PO Bx 10562
Address

TALLAHASSEE FL 32302
City, State & Zip

850-321-5951
Daytime Telephone number

saaks5a@embargmail.com
E-mail address: (to be used for future annual report notification)

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

STATE
SECRETARY
FLORIDA

14 FEB 12 PM 2:21

APPROVED
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

APPROVED
AND
FILED

14 FEB 12 PM 2:21

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

February 5, 2014

SAAK TAYLOR
POST OFFICE BOX 10562
TALLAHASSEE, FL 32302

SUBJECT: NONPROFITRFP, INC.
Ref. Number: W14000007375

We have received your document for NONPROFITRFP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 814A00002564

APPROVED
AND
FILED

14 FEB 12 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **NONPROFITRFP, INC.**

The purpose of this corporation is to provide consulting and all other legal activities that may be needed.

ARTICLE II PRINCIPAL OFFICE

The principal place of business address of this corporation shall be: 944 Beaver Creek Way, Tallahassee, FL, 32301 with a mailing address of Post Office Box 687, Tallahassee, FL, 32303.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 SHARES PAR VALUE OF \$1.00

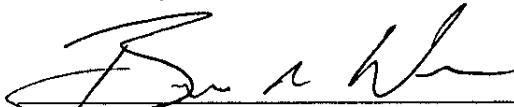
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Robert Wienke, 944 Beaver Creek Way, Tallahassee, FL, 32301.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are): **ROBERT WIENKE (President), 944 Beaver Creek Way, Tallahassee, FL, 32301.**

The undersigned incorporator(s) has (have) executed these Articles of
Incorporation this _____ day of _____ 2014.


Signature

APPROVED
AND
FILED
14 FEB 12 PM 2:21

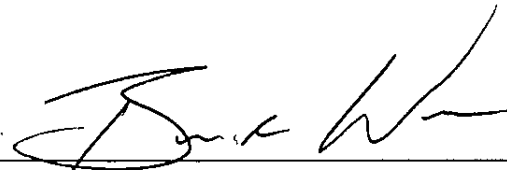
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT
IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1. The name if the corporation is: NONPROFITRFP, INC.
2. The name and address of the registered agent and office is: ROBERT
WIENKE, 944 Beaver Creek Way, Tallahassee, FL, 32301.

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 hereby accept
the appointment as registered agent and agree to act in this capacity. I further
agree to comply with the provisions of all statutes relating to the proper and
complete performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent.



PRESIDENT

DATE 2/4/14