

P16000034179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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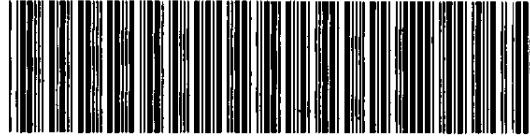
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/7H

COVER LETTER

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

SUBJECT: THE RAISE HOLDINGS, 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: ELISABETH CORSON
Name (Printed or typed)

319 CLEMATIS ST. #601
Address

WEST PALM BEACH, FL 334101
City, State & Zip

(714) 609-2242
Daytime Telephone number

bethcorson@gmail.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 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: THE RAISE HOLDINGS, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:

319 CLEMATIS ST. #1001
WEST PALM BEACH, FL 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGEMENT CONSULTING FIRM SPECIALIZING IN
ORGANIZING EVENTS FOR ENTREPRENEURS AND UNIVERSITIES.

ARTICLE IV SHARES

The number of shares of stock is: 50,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KENNETH W. HUBBARD, CEO Name and Title: _____

Address 2901 W. COAST HWY Ste. 200 Address: _____

NEWPORT BEACH, CA

92663

Name and Title: EUSABETH CORSON, CFO Name and Title: _____

Address 319 CLEMATIS ST. #1001 Address: _____

WEST PALM BEACH, FL

33401

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: ELISABETH CORSON
Address: 319 CLEMATIS ST. #601
WEST PALM BEACH, FL 33401

ARTICLE VII INCORPORATOR

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

Name: ELISABETH CORSON
Address: 319 CLEMATIS ST. #601
WEST PALM BEACH, FL 33401


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: APRIL 5, 2016 (OPTIONAL)

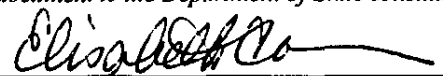
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 4/7/2016
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

 4/7/2016
Required Signature/Incorporator Date