

P23000249033

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
2023 JUL 17 PM 2:00
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
SAFE WITH ME (SAWIME) Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: SAFE WITH ME (SAWIME) Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address501 E LAS OLAS BLVDSUITE 200Ft LauderdaleFL33301

Mailing address, if different is:

501 E LAS OLAS BLVDSUITE 200Ft LauderdaleFL33301**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Mildred Okumu PresidentAddress: 501 E LAS OLAS BLVDSUITE 200Ft LauderdaleFL33301Name and Title: Treezer Mosi SecretaryAddress: 501 E LAS OLAS BLVDSUITE 200Ft LauderdaleFL33301Name and Title: Jeddy Kajo TreasurerAddress: 501 E LAS OLAS BLVDSUITE 200Ft LauderdaleFL33301Name and Title: Christian Christopher Ass. TreasurerAddress: 501 E LAS OLAS BLVDSUITE 200Ft Lauderdale33301

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FL

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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: Registered Agents Inc _____

Address: 7901 4th St N STE 300 _____

St. Petersburg FL 33702 _____

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: Robin Jones _____

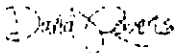
Address: 7901 4th St N STE 300 _____

St. Petersburg FL 33702 _____

ARTICLE VIII EFFECTIVE DATE:

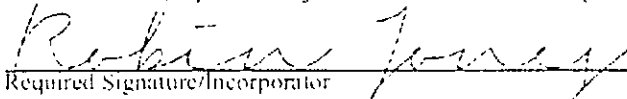
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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*_____
Required Signature/Registered Agent

07/17/2023

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._____
Required Signature/Incorporator

07/17/2023

Date

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