P23000052986

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000249033 3)))

H23000249033 3ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
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
DIVISION OF CORPORATIONS
COMMERCIAL RECORDING OFFICES

FLORIDA PROFIT/NON PROFIT CORPORATION

SAFE WITH ME (SAWIME) Inc

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

FILED
2023 JUL 17 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: SAFE WITH ME (SAWIME) Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

501 E LAS OLAS BLVD
SUITE 200
Ft Lauderdale FL 33301

Mailing address, if different is:

501 E LAS OLAS BLVD
SUITE 200
Ft Lauderdale FL 33301

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 President
Address: 501 E LAS OLAS BLVD
SUITE 200
Ft Lauderdale FL 33301

Name and Title: Treezer Mosi Secretary
Address: 501 E LAS OLAS BLVD
SUITE 200
Ft Lauderdale FL 33301

Name and Title: Jeddy Kajo Treasurer
Address: 501 E LAS OLAS BLVD
SUITE 200
Ft Lauderdale FL 33301

Name and Title: Christian Christopher Ass. Treasurer
Address: 501 E LAS OLAS BLVD
SUITE 200
Ft Lauderdale FL 33301

Name and Title:
Address:

Name and Title:
Address:

FILED
2023 JUL 17 PM 1:23
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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 INCORPORATOR

The **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

Robin Jones 07/17/2023

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.

Robin Jones 07/17/2023

Required Signature/Incorporator Date

FILED
2023 JUL 17 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FL