

N22000007048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

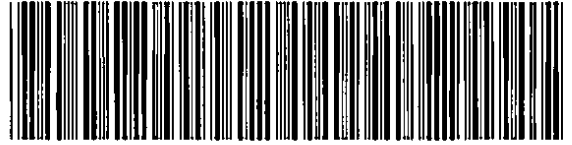
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLIANCE FLD

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STATE

COVER LETTER

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

SUBJECT: Pouring Out Success Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Marcus Manning II
Name (Printed or typed)

4715 MARSEILLES BLVD
Address

Tallahassee, FL 32303
City, State & Zip

(850) 328-8336
Daytime Telephone number

marcusmanning2020@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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Pouring Out Success Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4715 MARSEILLES Blvd
Tallahassee, FL 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Pouring out success will consist
of pouring back in the community with the services
of:

- Mentoring at risk youth
- Reentry guidance
- Educational skill sets
- Entrepreneurial workshops

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcus Manning - chairman Name and Title: Board Chair
Address: 4715 Marseilles Blvd Address: _____
Tallahassee, FL 32303

Name and Title: Belvin Martin - Treasurer Name and Title: Treasurer
Address: 215 12th Street Address: _____
Apalachicola, FL 32320

Name and Title: Chaddrick Quinn - Secretary Name and Title: Secretary
Address: 222 Avenue G Address: _____
Port St. Joe, FL
32456

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STATE OF FLORIDA

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Reginald Jones

Address: 393 Manatee Cove Dr
Tallahassee, FL 32303

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marcus Manning

Address: 4715 Manseilles Blvd
Tallahassee FL 32303

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

[Signature]
Required Signature of Registered Agent

6-22-2022
Date

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

[Signature]
Required Signature of Incorporator

6/22/2022
Date