

N23000005527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

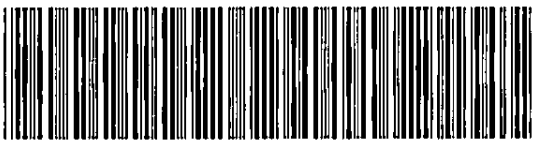
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/18/23 - 01012 -001 #427,00

FILED
2023 MAR -8 AM 12:02
SECRETARY OF STATE
TALLAHASSEE, FL

Revised

COVER LETTER

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

SUBJECT: PROJECT NAVIGATE, 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: INGER MOORE

Name (Printed or typed)

5379 Lyons Road #1646

Address

Coconut Creek, FL 33073-2810

City, State & Zip

954-501-6635

Daytime Telephone number

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

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

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2023 MAR -8 AM 12:03
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Project Navigate, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5379 LYONS ROAD #1646

COCONUT CREEK, FL 33073-2810

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROJECT NAVIGATE, INC. SEEKS TO EMPOWER HIGH SCHOOL STUDENTS TO SUCCEED IN COLLEGE BY PROVIDING THEM WITH THE KNOWLEDGE, SKILLS, AND RESOURCES NEEDED TO THRIVE IN A HIGHER EDUCATION SETTING. THROUGH A COMBINATION OF ACADEMIC SUPPORT, COLLEGE READINESS WORKSHOPS, AND EXPOSURE TO COLLEGE CAMPUS CULTURE, WE AIM TO HELP STUDENTS DEVELOP THE CONFIDENCE AND COMPETENCE NEEDED TO PURSUE THEIR ACADEMIC AND PROFESSIONAL GOALS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>INGER MOORE/CEO</u>	Name and Title:	<u>SHANTERIA KNOWLES/VP</u>
Address	<u>5379 LYONS ROAD</u>	Address:	<u>5379 LYONS ROAD</u>
	<u>#1646</u>		<u>#1646</u>
	<u>COCONUT CREEK, FL 33073-2810</u>		<u>COCONUT CREEK, FL 33073-2810</u>
Name and Title:	<u>MAXINE CLARK/TREASURER</u>	Name and Title:	<u>DR. KALISHA WALDON/SEC.</u>
Address	<u>5379 LYONS ROAD</u>	Address:	<u>5379 LYONS ROAD</u>
	<u>#1646</u>		<u>#1646</u>
	<u>COCONUT CREEK, FL 33073-2810</u>		<u>COCONUT CREEK, FL 33073-2810</u>
Name and Title:	<u>NATACHIA NETTLES/D</u>	Name and Title:	<u>OLLISON DELICE/D</u>
Address	<u>5379 LYONS ROAD</u>	Address:	<u>5379 LYONS ROAD</u>
	<u>#1646</u>		<u>#1646</u>
	<u>COCONUT CREEK, FL 33073-2810</u>		<u>COCUNUT CREEK, FL 33073-2810</u>

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR - 8 AM 12: 03

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Name and Title: TONI EVANS/D Name and Title: _____
Address: 5379 LYONS ROAD Address: _____
#1646 _____
COCONUT CREEK, FL 33073-2810 _____

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: SHANTERIA KNOWLES
Address: 5379 LYONS ROAD #1646
COCONUT CREEK, 33073-2810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: INGER MOORE
Address: 5379 LYONS ROAD #1646
COCONUT, FL 33073-2810

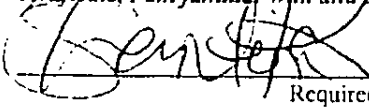
ARTICLE VIII EFFECTIVE DATE:

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.)

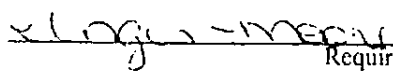
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 of Registered Agent

3/20/23
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.


Required Signature of Incorporator

3/20/23
SECRETARY OF STATE
TAMMINSSEE, FL
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