

COVER LETTER

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

SUBJECT: Florida Organization of Mothers of Twins Club, 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: Kim Cummings
Name (Printed or typed)

1925 Oro Court
Address

Clearwater, FL 33764
City, State & Zip

727-515-2699
2758 Windows Telephone number

kimc0415@yahoo.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 Florida Organization of Mothers of Twins Club, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
2758 Windsorgate Lane _____
Orlando, FL 32828 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The organization is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
Elections are done by ballot at the annual convention held in October

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Dedi Lyell, President</u>	Name and Title: <u>Sandy Davis, Secretary</u>
Address: <u>2835 Maderia Cir</u>	Address: <u>1758 Bolton Abbey Dr</u>
<u>Melbourne, FL 32935</u>	<u>Jacksonville, FL 32223</u>
_____	_____
Name and Title: <u>Kim Cummings, 1st VP Membership</u>	Name and Title: <u>Lori Orr, Treasurer</u>
Address: <u>1925 Oro Court</u>	Address: <u>555 SW Nagle Place</u>
<u>Clearwater, FL 33764</u>	<u>Port St. Lucie, FL 34953</u>
_____	_____
Name and Title: <u>Chiquitta Nash, 2nd VP Research</u>	Name and Title: _____
Address: <u>4001 Berkley Dr</u>	Address: _____
<u>Tampa, FL 33610</u>	_____
_____	_____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Kim Cummings
Address: 1925 Oro Court
Clearwater, FL 33764

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Kim Cummings
Address: 1925 Oro Court
Clearwater, FL 33764

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT - 7 PM 2:13

Kim Cummings _____ 10-4-2011 _____
Required Signature of Registered Agent 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.

Kim Cummings _____ 10-4-2011 _____
Required Signature of Incorporator Date
Kim Cummings