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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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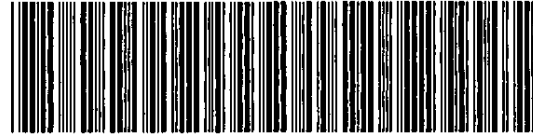
(Business Entity Name)

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J. Shivers FEB 29 2012

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**COVER LETTER**

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

**SUBJECT:** Milton Community In Action, 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:** Norma Sledge  
Name (Printed or typed)

6413 Da Lisa Road  
Address

Milton, Florida 35583  
City, State & Zip

(850) 981-8302  
6413 Da Lisa Road telephone number

nsfwb@mediacombb.net  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**FILED**

**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** Milton Community In Action, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
<u>6413 Da Lisa Road</u>	<u>6413 Da Lisa Road</u>
<u>Milton, Florida 35583</u>	<u>Milton, Florida 35583</u>

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To develop, promote and support activities for the good of men, women and children in Santa Rosa County Community. To provide opportunities for single parents to earn their GED and get Vocational Training with scholarships.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:  
The directors will be appointed every two years by a selection committee appointed by the current president.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Norma Sledge, President</u>	Name and Title: <u>Rita Salter</u>
Address: <u>6413 Da Lisa Road</u>	Address: <u>255 Oil Well Road</u>
<u>Milton, Florida 35583</u>	<u>Flormaton, Al 36441</u>
Name and Title: <u>Marlene Collins Vice President</u>	Name and Title: <u>Dawn R. Sledge Director</u>
Address: <u>6722 Jasmine Street</u>	Address: <u>316 Tislow Drive</u>
<u>Milton, Florida 32570</u>	<u>Crestview, FL.</u>
Name and Title: <u>Desi L. Lee, SR. Treasurer</u>	Name and Title: _____
Address: <u>6884 Trailride North</u>	Address: _____
<u>Milton, Florida 32570</u>	_____

**ARTICLE VI REGISTERED AGENT**  
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: DESI L. LEE, SR.  
Address: 6884 Trailride North  
Milton, Florida 32570

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: Norma Sledge, President  
Address: 6413 Da Lisa Road  
Milton, Florida 35583

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

Desi L. Lee, Sr.  
Required Signature of Registered Agent

2/23/2012  
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.

Norma Sledge  
Required Signature of Incorporator

2/23/2012  
Date

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TALLAHASSEE, FLORIDA