

N16000008351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

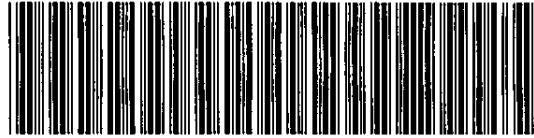
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 AUG 11 PM 12:55

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2016

SOPHIA GRIGGS  
701 PROMENADE DRIVE, #204  
PEMBROKE PINES, FL 33026

SUBJECT: SOLDIERS FOR A CURE INC.  
Ref. Number: W16000048915

16 AUG 11 PM 12:56

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SOLDIERS FOR A CURE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 216A00014788

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TALLAHASSEE, FLORIDA

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RECEIVED

COVER LETTER

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

SUBJECT: Soldiers For A Cure 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: Sophia Griggs  
Name (Printed or typed)

701 Promenade Dr # 204  
Address

Pembroke Pines, FL 33026  
City, State & Zip

305-546-1673  
Daytime Telephone number

nxtchapter14@gmail.com  
E-mail address (to be used for future annual report notification)

16 AUG 11 PM 12:56  
STATE  
CORPORATIONS  
DIVISION

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

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

16 AUG 11 PM 12:55  
SECRETARY OF STATE  
CORPORATION DIVISION

**ARTICLE I NAME**

The name of the corporation shall be: Soldiers For A Cure, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

701 Promenade Dr #204

Pembroke Pines, FL 33026

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: An army of friends raising awareness about various societal and health issues that affect our communities. The event began as a close-knit, grassroots fundraising event that brought friends together to celebrate the holidays

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: N/A

as APPOINTED by the President

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

Name and Title: Delphine Gervais, Pres Name and Title: Anse Daniel

Address: 701 Promenade Dr #204 Address: 701 Promenade Dr #204  
Pembroke Pines, FL 33026 Pembroke Pines, FL 33026

Name and Title: SOPHIA GRIGGS, Treasurer Name and Title: Diana Loubeau, VP

Address: 701 Promenade Dr #204 Address: 701 Promenade Dr #204  
Pembroke Pines, FL 33026 Pembroke Pines, FL 33026

Name and Title: Brunette Jules, Sec Name and Title: Rachel Obris

Address: 701 Promenade Dr #204 Address: 701 Promenade Dr #204  
Pembroke Pines, FL 33026 Pembroke Pines, FL 33026

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: SOPHIA GRIGGES

Address: 701 Promenade Dr #204  
Pembroke Pines, FL 33026

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ~~Soldiers for A Cure~~ Sophia Griggs

Address: 701 Promenade Dr #204  
Pembroke Pines, FL 33026

**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 business days prior or 90 business 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

6.27.16  
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

6.27.16  
Date