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TALLAHASSEE, FLORIDA

06/13/17

COVER LETTER

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

SUBJECT: Dusting HER, 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: Lynn A. Gelfhard
Name (Printed or typed)

700 NW 199th Street
Address

Miami Gardens, FL 33169
City, State & Zip

786-366-3509
Daytime Telephone number

LynnG@dustingher.org
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:

Dusting HER, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

720 NW 199th Street
Miami Gardens, FL 33169

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Empower women to unveil their facade, find their true identity in Christ, and tap into their God-given purpose.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Nomination

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Nynn A. Gaffard, P.

Name and Title:

Angie Cassandra Mean, VP.

Address:

PO Box 695334
Miami, FL 33269

Address:

PO Box 695334
Miami, FL 33269

Name and Title:

Farrah Medina, S.

Name and Title:

Adamithe Evariste, T.

Address:

PO Box 695334
Miami, FL 33269

Address:

PO Box 695334
Miami, FL 33269

Name and Title:

Name and Title:

Address:

Address:

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: Lynn A. Gelfrand
Address: 720 NW 199th St.
Miami Gardens, FL 33169

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lynn A. Gelfrand
Address: PO Box 695334
Miami, FL 33269

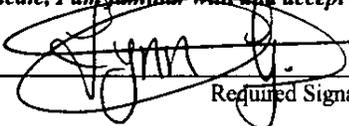
ARTICLE VIII EFFECTIVE DATE:

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.)

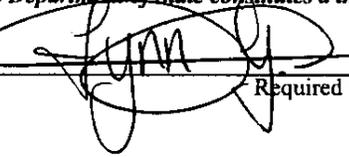
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/08/17
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

6/08/17
Date