

N 2000000 12592

wa-123782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

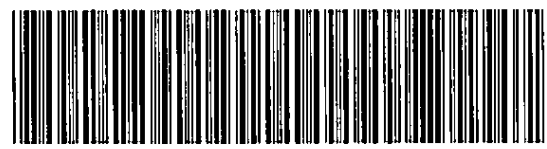
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/06/20--01027--011 **78.75

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2020/10/06

COVER LETTER

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

SUBJECT: Zoe Faith 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: Jennifer Sue Stolz
Name (Printed or typed)

5702 Basswood Ct
Address

Fort Myers, FL 33919
City, State & Zip

317-989-1006
Daytime Telephone number

jenstolz@gmail.com

E-mail address: (to be used for future annual report notification)

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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 Zoe Faith Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: 5702 Basswood Ct. _____ Fort Myers, FL 33919 _____	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE To provide support to those who receive an incompatible with lab
The purpose for which the corporation is organized is: _____
diagnosis during pregnancy. _____

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Stolz, Jennifer, S/ President</u> Address: <u>5702 Basswood Ct</u> <u>Fort Myers, FL 33919</u> _____	Name and Title: <u>Brown, Shahbeila/Vice President</u> Address: <u>4295 Perth Court</u> <u>North Fort Myers, FL 33903</u> _____
Name and Title: <u>Kendig, Vera./Secretary</u> Address: <u>10493 Carolina Willow Drive</u> <u>Fort Myers, FL 33913</u> _____	Name and Title: <u>Fernane, Susan/Treasurer</u> Address: <u>11172 Ashley Pl</u> <u>Fishers, IN 46038</u> _____
Name and Title: <u>Baumer, Lindsey, Director</u> Address: <u>6415 Buttonwood</u> <u>Noblesville, IN 46062</u> _____	Name and Title: _____ 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: Jennifer Stolz
Address: 5702 Basswood Ct
Fort Myers, FL 33919

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jennifer Stolz
Address: 5702 Basswood Ct
Fort Myers, FL 33919


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

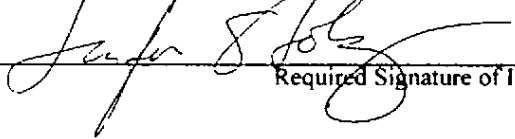


Required Signature of Registered Agent

9/29/2020

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

9/29/2020

Date

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U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK