N12000009358

(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:

Office Use Only

800240174538

10/01/12--01018--015 **87.50

FILED
12 OCT -1 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 02 2012

COVER LETTER

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

SUBJECT: Secret Angels Network, 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: Kristen Dusseau
Name (Printed or typed)

4417 13th Street, Suite 159
Address

Saint Cloud, FL 34769
City, State & Zip

407-247-6030
Daytime Telephone number

Kristen@SecretAnglesNetwork.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 Secret Angels Network, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
4417 13th Street	
Suite 159	
Saint Cloud, FL 34769	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a manner to collect and distribute donated food, clothing, and other household items to families in need.

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

The initial Board of Directors shall be appointed by the Founder and shall hold office for a period of one (1) year or until their successor shall have been elected and qualified. Any Director or Directors may be removed, at any time, with or without any cause, by majority vote of the members at a duly called meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristen Dusseau, Founder and Director
Address: 4417 13th Street, Suite 159
Saint Cloud, FL 34769

Name and Title:
Address:

Name and Title: Anna Gaglio, Director
Address: 3260 Toscana Drive
Saint Cloud, FL 34772

Name and Title:
Address:

Name and Title: Ruth Nelson, Director
Address: 1306 Cinda Court
Saint Cloud, FL 34772

Name and Title:
Address:

FILED
12 OCT -1 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Kristen Dusseau
Address: 4417 13th Street, Suite 159
Saint Cloud, FL 34769

ARTICLE VII INCORPORATOR

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

Name: Kristen Dusseau
Address: 4417 13th Street, Suite 159
Saint Cloud, FL 34769

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

Kristen Dusseau
Required Signature of Registered Agent

9/25/2012
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.

Kristen Dusseau
Required Signature of Incorporator

9/25/2012
Date