N03000004690

| (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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| Office Use Only |



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05/29/03--01045--007 **78.75



TRANSMITTAL LETTER

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

| SUBJECT:A | PROPOSED CORPORA | TE NAME – <u>MUST INCLUI</u> | DE SUFFIX) |
|---------------------------|-----------------------------------------------------|-------------------------------------|--------------------------------------------------|
| | | | |
| Enclosed is an original a | nd one(1) copy of the arti | cles 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: Williemae Stanberry
Name (Printed or typed)

3104 Las Brisas Dr
Address

Pensacola F1 32526
City, State & Zip

850 455 215 3

Daytime Telephone number

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

| In Compliance with Chapter 617, F.S., (| and the second s | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------|
| ARTICLE I NAME The name of the corporation shall be: A Will + Way, Inc. | | SECRETARY TALLAHASSEI | - |
| ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing 3104 Las Brisas Dr. Pensacola, Fl 32526 | address of this corporation shall be: | OF STATE OF STATE E. FLORIDA AN 10: 29 | |
| ARTICLE III PURPOSE The purpose for which the corporation is or A Will + Way Inc. 15 a non-p OSSISTANCE to women who to incarceration, physical or training & Delf-empowermen ARTICLE IV MANNER OF ELECT The manner in which the directors are elect | refit organization, it 3 less are displaced or oth emotional abuse and two rkshopsusing Christon to workshopsusing Christon to appointed: | their Children. To provide strangeligious Principles. | ک ا |
| Directors shall be appoint | | | |
| relative to and interest | in the objectives | of the organization, | |
| ARTICLE VINITIAL DIRECTORS/C The name(s), address(es) and title(s): | OFFICERS | | ٠ |
| Williemae Stanberry Georgena Sanchez | P.O.BOX 57044 /Pensacola, 886 Valley Ridge Dr. | F1 32526 President 32514 V-Pres. | |
| | 225 W. Fairfield DrBB | 32506 Secretary | |
| ARTICLE VI INITIAL REGISTERI | | <u>ESS</u> | |
| The name and Florida street address of the | he registered agent is: | | - |
| Williemae Stanberry 3104 Las Brisas Dr. | | | |
| Pensacola, FI 32526 | A second second second | | |
| ARTICLE VII INCORPORATOR | مستع (۱۹۰۰) مستعدد در در النواد و | , | |
| The name and address of the Incorporator | is: | | |
| Williemae Stanberry | | | |
| 3104 Las Brisas Dr. 1 Pensacola Fl 32526 | | - · · · · · · · | |
| ***************** | ********* | ********* | |
| Having been named as registered agent to accept in this certificate, I am familiar with and accept the | service of process for the above stated cor se appointment as registered agent and ag | poration at the place designated ree to act in this capacity. | |
| Maria Alanda | | - | |
| Signature/Registered Agent | | 5-14-03 Date | , |
| / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1 | | |
| Willeman Stanken | <u></u> | 524-03 | |
| Signature/Incorporator | / | Date | |