# F20000000780

(Requestor's Name)					
(Address)					
(100033)					
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(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
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# COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: <u>EVERY GIRL SHINES</u> INC. Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

CARRISH JUNES EVERY GIRL SHINES 2410 QUINCY LOOP Address FAIRBURN, 6A 30213 City/State and Zip Code CARRISAJONES CEVERYGERLSHINES-COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

IAMEANALAMBERTat (404364-6560Name of PersonArea CodeDaytime Telephone Number

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

🖾 \$70.00 Filing Fee	□\$78.75 Filing Fee &	□\$78.75 Filing Fee &	🔲 \$87.50 F
	Certificate of Status	Certified Copy	Certificat

\$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA: .... J .3

EVERY DIRL SHINES, INC.		
1. <u>EVERY DIRL SHINES</u> INC. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevi import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if no in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	ations of like of so contained	
EVERY GIRL SHINES INCORPORATED		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busines	s in Florida)	
AFROATA BUNGLASA		
2. $(State or country under the law of which it is incorporated)$ 3. $(State or country under the law of which it is incorporated)$ (FEI number, if applicable)		
$\frac{101181018}{10118}$		
4. $10/28/2018$ 5. $N/A$ (Date of incorporation) 5. (Date of duration, if other than perp	etual)	
6. $\frac{11}{12}$ (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine 2.14.15 $1.14.14.14.14.14.14.14.14.14.14.14.14.14$		
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine	penalty liability	()
2 2410 AUTARA 100P FATRBURN GA 20242		
7. 2410 WUINGY LOOP FAIRBURN 64 30213 (Principal office street address)		
		2820
(Current mailing address, if different)		
	-	с.,
MENTOPING OPPANIETATEOU		<u>د</u> ې
8. <u>INFNTORING</u> URGANIZATION (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	<u> </u>	70 37.
		Ģ
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		с» С
A D D - WELLAND		Ŭ
Name: <u>APRIL WILSON</u> Office Address: <u>1416 MOLLEE ROAD</u>		
Office Address: 1416 MOLLEE ROAD		
<u>DAYTONA BÉACH</u> , Florida <u>32114</u> (City) (Zip Code)		
J <sup>-</sup> (City) (Zip Code)		

#### 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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#### A. DIRECTORS

DChairman	Name: CARRESA JONES	DChairman	Name: MELVA ROBERTSON	
□Vice Chairman	Address: 2420 QUINCY LOUP	DVice Chairman	Address: 327 BATTELFIELD CREEK DR.	
Director	FALKBURN 6A 30223	DDirector	MARJETTA, 64 30044	
President		DPresident		
□Vice President		Vice President		
DSecretary	□Treasurer	Decretary	Treasurer	
□Other:	Other:	Other:	Other:	
□Chairman	Name: MEREDITH STROUP	□Chairman	Name: IAMEANA LAMBERT	
□Vice Chairman	Address: 1415 LAKE REDGE LANE	□Vice Chairman	Address: 313 GARLAND RUSELANE	
Director	AILANA, 6A 30333	Director	DALLAS, GA 30.151	
DPresident		DPresident		
□Vice President		□Vice President	·	
Secretary	Treasurer	Secretary	Treasurer	
Other:	Other:	D Other:	Other:	
□Chairman	Name: APRIL WELSON	DChairman	Name:	
□Vice Chairman	Address: 1416 MULLIE ROAD	DVice Chairman	Address:	
Director	DAYTON'S BLACH, FLORIDA 3×114	Director		
DPresident			. W	
□Vice President		□Vice President		
	Treasurer	□Secretary	Treasurer	
DOther: D. reltv: - FL Branch D Other:		Other:	Other:	

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only.

 $\frac{CARRISA JUNES PRESEDENT AND FOUNDER}{(Typed or printed name and capacity of person signing application)}$ 14. \_



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2019

CARRISA JONES 2410 QUINCY LOOP FAIRBURN, GA 30213

SUBJECT: EVERY GIRL SHINES Ref. Number: W19000085037

We have received your document for EVERY GIRL SHINES and your check(s) totaling \$70.00. 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. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, dulyauthenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 619A00019431



www.sunbiz.org



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 10, 2020

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CARRISA JONES 2410 QUINCY LOOP FAIRBURN, GA 30213

2020 FES 13 PH 3:

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SUBJECT: EVERY GIRL SHINES Ref. Number: W19000085037

We have received your document for EVERY GIRL SHINES . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Mel Solomon Regulatory Specialist II Supervisor Letter Number: 120A00000723

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# **STATE OF GEORGIA**

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

# **CERTIFICATE OF EXISTENCE**

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **Every Girl Shines, Inc.** a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number: 18588371Date Inc/Auth/Filed:12/19/2019Jurisdiction: GeorgiaPrint Date: 02/13/2020Form Number: 211



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Brad Rafforsperger

Brad Raffensperger Secretary of State