

NO2000007221

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

100006893551--8
-08/05/02-01039-018
*****78.75

SUBJECT:

My Sister's Place, Inc

(Proposed corporate name - must include suffix)

FILED
02 SEP 20 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Kim Robinson

Name (Printed or typed)

1370 Ocala Road #201

Address

Tallahassee, FL 32304

City, State & Zip

850 - 350 - 4430

Daytime Telephone number

100006893551--8
-08/05/02-01039-018
*****78.85 *****78.85

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

NO2-22823
9/8/7



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 7, 2002

KIM ROBINSON
1370 OCALA RD., #201
TALLAHASSEE, FL 32304

SUBJECT: MY SISTER'S PLACE, INC.
Ref. Number: W02000022823

We have received your document for MY SISTER'S PLACE, INC. and your check(s) totaling \$78.85. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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) 245-6878.

Alan Crum
Document Specialist
New Filing Section

Letter Number: 202A00047173

Articles of Incorporation
Of
My Sister's Place, Training & Development Center Inc

Article I

The name of the corporation is My Sister's Place, Training & Development Center, Inc

Article II

The street address of the registered office is 1370 Ocala Road # 201, Tallahassee Florida 32304, in Leon County. The registered agent at such address is Kim M. Robinson

Article III

The specific purpose (s) for which the corporation is organized is (are): to provide women with resonable priced career and social wear, and a motivational resource center and fellowship in an at home type atmosphere one sister to another.

Article IV

The manner in which the directors are elected or appointed will be stated in the bylaws

Article V

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows: None

Article VI

Kim M. Robinson 1370 Ocala Road #201 Tallahassee, Florida 32304 is the initial registered agent

Article VIII

The name and address of each incorporator is:

Kim M. Robinson	Jeffery J. Herring	Sylvia A. Brown	Tammy L. Hartfield
1370 Ocala Road #201	102 Elm Ave.	1370 Ocala Road #202	1205 1/2 11th Street N
Tallahassee, Fl 32304	Havana, FL 32333	Tallahassee, Fl 32304	St. Petersburg, Fl 33705

The undersigned incorporator has executed these Articles of Incorporation this 16th day of September, 2002

Signature of Incorporator:



Kim M. Robinson

Incorporator

FILED
02 SEP 20 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

FILED
SEP 20 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is:

My Sister's Place, Training & Development Center Inc.
(must include suffix)

2. The name and address of the registered agent and office is:

Kim M Robinson, President
(NAME)

1370 Ocala Rd # 201
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee, FL 32304
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kim Robinson
(SIGNATURE)

September 16, 2002
(DATE)