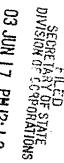
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Le In |
| Office/Use Only |



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06/17/03-01060-011 **78.75



TRANSMITTAL LETTER

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

| SUBJECT: | (PROPOSED CORPORT | | DE GUISTIN |
|----------------------------|--|--------------------------------------|--|
| | (PROPOSED CORPORA | TE NAME – <u>MÚST INCLÚ</u> I | DE SUFFIX) |
| Enclosed is an original an | d one(1) copy of the artic | 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: _ | Johnnie M. Chav Name (P | is | |
| | P. O. Box 7213 | | |

Positive I.M.A.G.E.S., Inc.

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

Daytime Telephone number

Address

City, State & Zip

Tallahassee, Florida 32314

850-891-8338

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Positive I.M.A.G.E.S., Inc. of Tallahassee

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Place of Business - 1010 Macomb Street, Tallahassee, Florida 32303

Mailing address - P. O. Box 7213, Tallahassee, Florida 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To institute manageable alternatives for women to gain self-empowerment and marketable realistic skills that will enhance and strenghthen family values.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed

ARTICLE V INITIAL DIRECTORS/OFFICERS

Mary Grayson, Fin. Sect

Tallahassee, F1 32305

3105 Gallimore Dr

The name(s), address(es) and title(s):

Cynthia Barber, President

492 Meadow Ridge Dr

Tallahassee, Fl 32312

Gladys McCarthy, Sect. 1446 Craft Street Tallahassee, F1 32305

S. Jean Barnes, Treasurer

Tess Tomasi, Vice Pres.

Gladys Barnes, Asst. Sect P. O. Box 13812

1304 Preston Street

542 E. Georgia St Tallahassee, F1 32301

Tallahassee, Florida 32317

Tallahassee, Fl 32304

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS 1010 Macomb St, #107A

Sharise Sanders

The name and Florida street address of the registered agent is:

Tallahassee, Fl 32303

Johnnie M. Chavis 539 West Georgia Street Tallahassee, Florida 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Johnnie M. Chavis

539 West Georgia Street Tallahassee, Florida 32301 Mailing Address: P. O. Box 7213

Tallahassee, Florida 32314

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.

Signature/Registered Agent

Date

06/10/03

Date

er. Cia Signature/Incorporator