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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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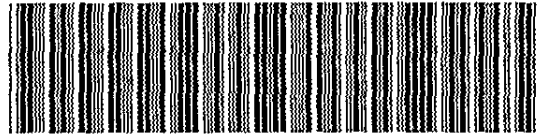
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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9-20

TRANSMITTAL LETTER

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

SUBJECT: THE OUTER WOMB, 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: MONIQUE P. BLAKE
Name (Printed or typed)

5212 S.W. 91st AVENUE #8
Address

COOPER CITY, FL 33328-5007
City, State & Zip

954.434.6444
Daytime Telephone number

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

ARTICLES OF INCORPORATION
(Not for Profit)

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I. Name

THE OUTER WOMB, INC.

II. Principal Office

5212 SW 91st Avenue #8 Cooper City FL 33328

III. Purpose

To promote, encourage and foster a faith-based interventive/preventive educational program for young girls and women.

IV. Manner of Election

The manner in which the corporation directors are elected and appointed shall be as regulated by the corporate by-laws.

V. Initial Directors

Da-Venya Armstrong, Administrative Director
8611 NW 16th Street, Pembroke Pines, FL 33024

Monique Blake, Curriculum Director
5212 SW 91st Avenue #8, Cooper City, FL 33328

Dr. Anna Price, Director of Development
5880 SW 66th Street, Miami, FL 33143,

VI. Registering Agent

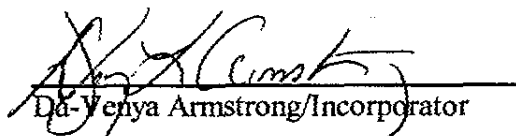
Monique Blake,
5212 SW 91st Avenue, #8 Cooper City, FL 33328

VII. Incorporators

Da-Venya Armstrong,
8611 NW 16th Street, Pembroke Pines, FL 33024

Monique Blake,
5212 SW 91st Avenue #8, Cooper City FL 33328

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
15 day of SEPTEMBER, 2003.


Da-Venya Armstrong/Incorporator


Monique Blake/Incorporator

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

Pursuant to the provisions of sections 607.0501 or 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.

1. The name of the corporation is:

THE OUTER WOMB, INC.

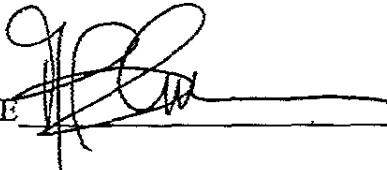
2. The name and address of the registered agent and office is:

Monique Blake,
5212 SW 91st Avenue, #8
Cooper City, FL 33328

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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.

SIGNATURE _____



DATE: SEPTEMBER 15TH, 2003.