

N04000009771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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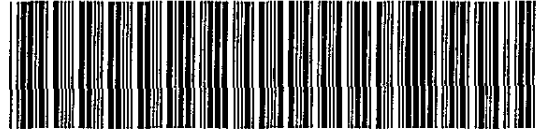
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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44-36011

## TRANSMITTAL LETTER

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

**SUBJECT:** Circle of Sisters, 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:** Patricia Tyson  
Name (Printed or typed)

901 Paul Street  
Address

Orlando, FL. 32808  
City, State & Zip

407 297-9667  
Daytime Telephone number

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

04 OCT 15 PM 12:41

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

# ARTICLES OF INCORPORATION

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

## **ARTICLE I NAME**

The name of the corporation shall be:

Circle of Sisters, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

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

901 Paul Street  
Orlando, FL 32808

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To seek wholeness in the whole woman, to assist in the process of healing and mending the brokenness through a three dimensional process of the mind, body and spirit through comfort, guidance, mentorship, accountability, prayer and sound counsel

## **ARTICLE IV MANNER OF ELECTION**

The corporation shall have no voting members. The management and affairs of the corporation shall be at all times under the direction of a Board of Directors, whose operations in governing the corporation shall be defined by statute and by the corporation's by-laws. No Director shall have any right, title, or interest in or to any property of the corporation. The corporation's initial Board of Directors shall be comprised of the following natural persons:

## **ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

Sharyl Barnes - Executive Director  
Barbara Brown - Director of Operations  
Patricia Tyson - Director of Administration  
William Tyson - Chief Financial Officer  
Janet Lusk - Financial Secretary

## **ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Trenna Rome  
Trenna Rome's Administrative Services  
1445 Dolgner Place, Suite 15  
Sanford, FL 32771

## **ARTICLE VII INCORPORATOR**

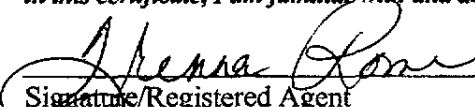
The name and address of the Incorporator is:

Patricia Tyson  
901 Paul Street  
Orlando, FL 32808

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

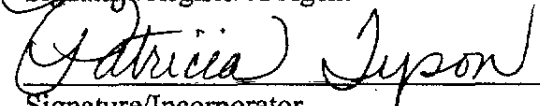
\*\*\*\*\*

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

9/25/04

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/25/04

\_\_\_\_\_  
Date