

N04000010029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

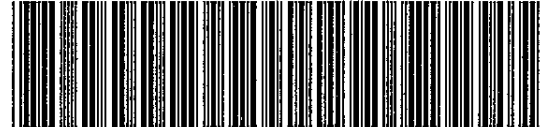
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: SHAPING LIVES COMMUNITY RESOURCE CENTER, 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: GG CONSULTANTS
Name (Printed or typed)

P.O. BOX 700432
Address

MIAMI, FL 33157
City, State & Zip

305-300-0108
Daytime Telephone number

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04 OCT 22 AM 8:48
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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:

SHAPING LIVES COMMUNITY RESOURCE CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

10190 SW 168 STREET
MIAMI, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SHAPING LIVES COMMUNITY RESOURCE CENTER IS INCORPORATED TO SHAPE THE LIVES OF INDIVIDUALS AND FAMILIES THROUGH EDUCATION, ECONOMIC DEVELOPMENT, THERAPUETIC AND SPIRITUAL INTERVENTIONS. SUCH SERVICES WILL SERVE AS SUPPORT SERVICES AND RESOURCES TO INDIVIDUALS IN NEED.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

MEMBERS SHALL BE ELECTED OR APPOINTED UPON THE AFFIRMATIVE VOTE OF A MAJORITY OF THE BOARD OF DIRECTORS PRESENT AT A DAILY CONSTITUTED MEETING UPON NOMINATION BY AT LEAST ONE OF THE BOARD.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

CARLTON WALDEN	10190 SW 168 STREET MIAMI, FL 33 157	PRESIDENT
BARRINGTON GRANT	16135 SW 107 COURT MIAMI, FL 33 157	VICE PRESIDENT
AVRIL LIVINGSTON	221 SW 70 AVENUE PEMBROKE PINES, FL 33023	VICE PRESIDENT
ANGELA WALDEN	10190 SW 168 STREET MIAMI, FL 33 157	SECRETARY/ TREASURER

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

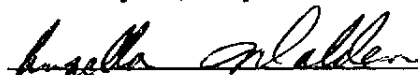
ANGELA WALDEN
10190 SW 168 STREET
MIAMI, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GG CONSULTANTS
P.O. BOX 700432
MIAMI, FL 33170

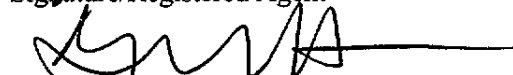
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

10/15/2004

Date



Signature/Incorporator

10/15/2004

Date

CLERK OF STATE
TALLAHASSEE, FLORIDA

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