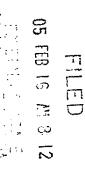
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| (Re | questor's Name) | | | |
|---|-----------------|---------------------------------------|--|--|
| (Ad | dress) | · · · · · · · · · · · · · · · · · · · | | |
| (Ad | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| | | , | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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02/16/05--01054--007 **78.75

C8.32

TRANSMITTAL LETTER

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

| SUBJECT: | Limitation | B INC. | |
|---------------------------|--------------------------------|------------------------------|-------------------------------|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCLUI</u> | DE SUFFIX) |
| | | | |
| Enclosed is an original a | nd one(1) copy of the Arti | icles of Incorporation and a | check for: |
| \$70.00 | \$78.75 | 13 \$78.75 | \$87.50 |
| Filing Fee | Filing Fee & Certificate of | Filing Fee & Certified Copy | Filing Fee, Certified Copy |
| | Status | | & Certificate |
| | | ADDITIONAL CO | PY REQUIRED |
| | | | |

FROM: <u>Kimberly Robinson</u> - Right Name (Printed or typed)

3505 Chase Ave # 2

Address

Jacksonville Horida 32209

City, State & Zip

904-632-1356
Davtime Telephone number

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

O5 MAR -3 AM II: II

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February 25, 2005

KIMBERLY ROBINSON-PUGH 3505 CHASE AVE., STE. 2 JACKSONVILLE, FL 32209

SUBJECT: NO LIMITATIONS INC. Ref. Number: W05000009872

We have received your document for NO LIMITATIONS INC. and your check(s) totaling \$78.75. 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.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6052.

Letter Number: 205A00013341

Carolyn Lewis Regulatory Specialist II New Filings Section



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

March 7, 2005

KIMBERLY ROBINSON-PUGH 3505 CHASE AVE., STE. 2 JACKSONVILLE, FL 32209

SUBJECT: WITHOUT LIMITATIONS INC.

Ref. Number: W05000009872

We have received your document for WITHOUT LIMITATIONS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6052.

Carolyn Lewis Regulatory Specialist II New Filings Section

Letter Number: 205A00013341

ARTICLES OF INCORPORATION

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

| , , , , , , , , , , , , , , , , , , , | 理器 6 |
|---|--------------------------|
| ARTICLE I NAME | |
| The name of the corporation shall be: | FEB FI |
| Without Limitations Inc. | EN IO IN |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business and mailing address of this corporation | shall be: |
| 1028 East 10th Street Jacksonville, FL 32206 | 12 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | |
| To help women that are confine, whether it be incarceration, drug reha are in need of residential housing and/or spiritual guidance so that they society. Our arms and doors are open | |
| ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: | |
| Selected by incorporator | |
| 3505 Chase Ave. #2 Jacksonville, FL 32209 | |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREE | |
| The name and Florida street address (P.O. Box NOT acceptable) of | the registered agent is: |
| Kimberty Robinson-Pugh 3505 Chase Ave #2 | |
| Jacksonville, FL 32209 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Kimberly Robinson-Pugh | |
| 3505 Chase Ave #2 | |
| Jacksonville, FL 32209 | |
| | ********* |
| aving been named as registered agent to accept service of process for the above this certificate, it am familiar with and accept the appointment as registered a | |
| X | 03/16/2005 |
| ignature/Registered Agent | Date |
| | |

03/16/2005

Date