

# N05000004517

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

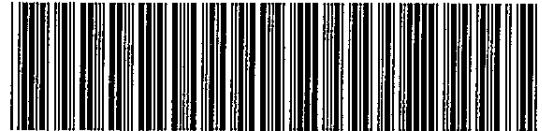
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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FILED  
05 APR 29 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE MAY - 3 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** Promises 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:** Promises Inc  
Name (Printed or typed)

PO Box 843  
Address

Clarcona, FL 32710-0843  
City, State & Zip

407-362-5292  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION

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

FILED

## ARTICLE I NAME

The name of the corporation shall be:

Promises Inc

05 APR 29 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

7724 Senjill Ct Orlando Fl 32818 until office space is opened at the desired location  
Mailing Address: PO Box 843 Clarcona, Fl 32710-0843

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing support for the single mothers who work therfore they don't qualify to get assistance from the government.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Initially the Directors will be appointed by the CEO/Founder Tamara Roundtree whom is also the President.

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Tamara Roundtree-7724 Senjill Ct Orlando Fl 32818-CEO/President of Board  
Carla Jones-PO Box 843 Clarcona, FL 32710-0843-Secretary of Board  
Jan Jones-PO Box 843 Clarcona, FL 32710-0843- Treasurer of Board

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Tamara Roundtree- 7724 Senjill Ct Orlando FL 32818

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tamara Roundtree- 7724 Senjill Ct Orlando Fl 32818

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*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.*

*Tamara Roundtree*

Signature/Registered Agent

*4/29/05*

Date

*Promises*

*Tamara Roundtree*

Signature/Incorporator

*4/29/05*

Date