

N05000005451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

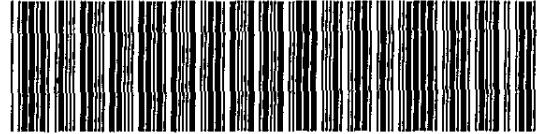
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/05/05--01030--009 **87.50

05 MAY 25 AM 9:57
RECEIVED BY MAIL

J. Shivers MAY 26 2005

101 23456

TRANSMITTAL LETTER

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

SUBJECT: Single Parents In Need, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED	

FROM: Kimberly LaScala
Name (Printed or typed)

19195 Riverside Drive
Address

Tequesta, FL 33469
City, State & Zip

561-758-1555
Daytime Telephone number

05 MAY 25 AM 9:27
DIVISION OF CORPORATIONS
STATE OF 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:

Single Parents In Need, Inc.

ARTICLE II PRINCIPAL OFFICE

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

19195 Riverside Drive 561-758-1555
Tequesta, FL 33469

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide support and assistance to single parents in need.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors shall be elected at the annual meeting.
Directors may serve indefinitely.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

None

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kimberly LaScala
19195 Riverside Drive
Tequesta, FL 33469


05 MAY 25 AM 9:37
STATE OF FLORIDA
DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Kimberly LaScala
19195 Riverside Drive
Tequesta, FL 33469

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

4-27-05
Date


Signature/Incorporator

5-21-05
Date