

NO5000006823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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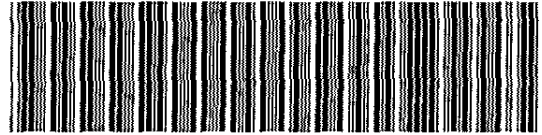
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JUL 05 10:20
Shivers

TRANSMITTAL LETTER

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

SUBJECT: Mathers Against False Allegations 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: Norma Gorman
Name (Printed or typed)

2143 Kaylas Ct
Address

Orlando Florida 32817
City, State & Zip

407-484-0711
Daytime Telephone number

05 JUL -5 AM 10:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Mothers Against false Allegations Inc.

ARTICLE II PRINCIPAL OFFICE

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

2143 Kaylas Ct
Orlando FL 32817

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Advocate group to propose changes in laws to protect people falsely accused of crimes. Advocate to provide support to people families that have been falsely accused of crimes

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Norma Gorman
2143 Kaylas Ct
Orlando FL 32817
President

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Norma Gorman
2143 Kaylas Ct.
Orlando FL 32817

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Norma Gorman
2143 Kaylas Ct.
Orlando FL 32817

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.

Norma Gorman

Signature/Registered Agent

7/5/05

Date

Norma Gorman

Signature/Incorporator

7/5/05

Date

05 JUL -5 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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