

10800004781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

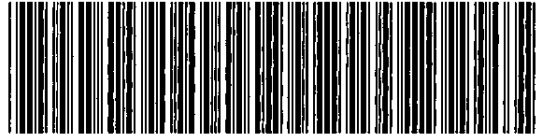
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100129441781

05/15/08--01032--014 \*\*70.00

FILED  
08 MAY 15 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

51181

## COVER LETTER

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

**SUBJECT:** Single Mom Services, 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:** Kari Brown  
Name (Printed or typed)

9518 Short Leaf Ct  
Address

Apopka , Florida 32703  
City, State & Zip

407-403-9880  
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**  
08 MAY 15 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Single Mom Services, Inc,

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

9518 Short Leaf Ct.  
Apopka, FI 32703

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To assist single mothers in the state of Florida with financial assistance as well as free services for the mothers and their children.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Any Director besides Kari Brown would only be elected after careful background and criminal checks and must meet moral standards of operation. As of now only Kari Brown will be a Director.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

Director of Operations : Kari Brown 9518 Short Leaf Ct Apopka, FI 32703

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Kari Brown 9518 Short Leaf Ct Apopka FI 32703

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Kari Brown 9518 Short Leaf Ct Apopka FI 32703

\*\*\*\*\*

*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

Date

Signature/Incorporator

Date