

NO8000006461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

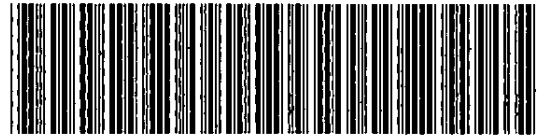
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08 JUL -9 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** NO MORE BROKEN PIECES 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:** RAMONDA MOORE-BROWN  
Name (Printed or typed)

809 KIRKLIN AVENUE  
Address

PANAMA CITY, FLORIDA 32401  
City, State & Zip

850-625-0642  
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)

**ARTICLE I    NAME**

The name of the corporation shall be:

**NO MORE BROKEN PIECES INC.**

**ARTICLE II    PRINCIPAL OFFICE**

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

809 KIRKLIN AVENUE  
PANAMA CITY, FLORIDA 32401

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

TO EDUCATE, INSPIRE, AND EMPOWER ALL WOMEN IN BECOMING WHOLE MIND,  
BODY, AND SPIRIT, WITH A CONCENTRATED FOCUS ON THOSE WHO STRUGGLE  
WITH ADDICTIONS AND MENTAL ILLNESS.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

ALL DIRECTORS WILL BE APPOINTED BY THE BOARD OF  
TRUSTEES UPON ANNUAL ELECTION

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

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

RAMONDA MOORE-BROWN, 809 KIRKLIN AVE. PANAMA CITY, FL 32401 ~ DIRECTOR  
ONETA HENDERSON, 809 KIRKLIN AVE. PANAMA CITY, FL 32401 ~TREASURER  
DEBRA L. AUSTIN, 809 KIRKLIN AVE. PANAMA CITY, FL 32401 ~SECRETARY

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

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

RAMONDA MOORE-BROWN  
809 KIRKLIN AVENUE  
PANAMA CITY, FL 32401

**ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

RAMONDA MOORE-BROWN  
809 KIRKLIN AVENUE  
PANAMA CITY, FL 32401

\*\*\*\*\*

*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

7/7/08 - <sup>EFFECTIVE</sup>  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUL -9 PM 3:43

FILED