

N08000007634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Lauren Topleth **GAVE**

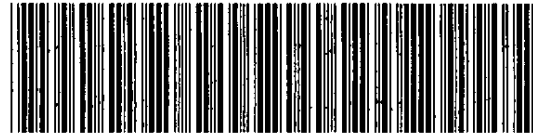
**AUTHORIZATION BY PHONE TO**

**CORRECT** name

**DATE** 8/13/08

**DOC. EXAM** UP

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

28-3/133-1-18-29/27

## COVER LETTER

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

**SUBJECT:** Paradigm Mentoring and Business Organization  
**(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:** Paradigm Mentoring and Business, Org.  
Name (Printed or typed)

Student Activities Center, A305 Oglesby Union  
Address

Tallahassee, FL 32306  
City, State & Zip

850-748-1476  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2008

LAUREN B. TIPLETT  
STUDENT ACTIVITIES CENTER  
A305 OGLESBY UNION  
TALLAHASSEE, FL 32306

SUBJECT: PARADIGM MENTORING AND BUSINESS, ORG.  
Ref. Number: W08000036633

We have received your document for PARADIGM MENTORING AND BUSINESS, ORG. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 508A00044449

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Paradigm Mentoring and Business Organization Inc

**ARTICLE II PRINCIPAL OFFICE**

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

Student Activities Center  
A305 Oglesby Union  
Tallahassee, FL 32306

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of Paradigm is to assist minority women in the transitional process, and in the developmental growth of becoming an effective leader in both Florida State University and the Tallahassee community.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The office of the President and the Vice-President shall be voted upon by the Executive Board. The President shall only vote in the event of a tie. With the exception of the President, Vice-President and committee chairs, the general body shall vote all officers of Paradigm. Members applying for Executive Board must be active and turn in an application to the Secretary to be considered. The President elect will appoint committee Chairs and Co-Chairs.

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

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

Brittany Alberty, President  
Alicia Seward, Vice-President  
Amanda Bray, Keeper of Finance  
Ruthie Kellam, 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:

Ruthie L. Kellam  
630 W. Virginia St. #323  
Tallahassee, FL 32304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Lauren Triplett  
222 N. Ocala Rd. #105  
Tallahassee FL 32304

\*\*\*\*\*  
*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.*

Ruthie L. Kellam  
Signature/Registered Agent

7/29/08  
Date

Lauren S. Triplett  
Signature/Incorporator

7/29/08  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA