

NO8000010871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

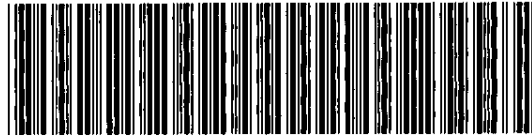
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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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## COVER LETTER

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

SUBJECT: Iletha White's Foundation 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: Iletha White  
Name (Printed or typed)

219 TropicAire St  
Address

Tallahassee FL 32305  
City, State & Zip

850(273-9421) 274-2588  
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)

Effective Date  
January 1,  
2009

**ARTICLE I NAME**

The name of the corporation shall be:

Iletha White's Foundation Inc

**ARTICLE II PRINCIPAL OFFICE**

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

219 Tropicaine St Tall H 32305

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Group HIV/AIDS Shelter (children)

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

As stated in BYLAWS

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

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

Iletha White (president)

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

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

Iletha White / 219 Tropicaine St  
Tall H 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Iletha White - 219 Tropicaine St  
Tallahassee Fla. 32305

\*\*\*\*\*

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.

Iletha White

Signature/Registered Agent

12-1-08

Date

Iletha White

Signature/Incorporator

12-1-08

Date

FILED  
DEC-2 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA