

N090000006987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900158333139

07/20/09--01002--004 \*\*78.75

RECEIVED

09 JUL 20 AM 9:43

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

09 JUL 20 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/20/09

COVER LETTER

FILED

09 JUL 20 AM 10:01

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Southern States Reality, 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: DONNA M. ANDERSON  
Name (Printed or typed)

1342 Timberline Rd  
Address  
Suite # 102B  
Tallahassee, FLA. 32312  
City, State & Zip

(850) 528-6206  
Daytime Telephone number

COACHING@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

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**

**ARTICLE I NAME**

The name of the corporation shall be:

*Southern States Reality, INC*

09 JUL 20 AM 10: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

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

*1342 Timberline Rd, Suite #102B  
TALLAHASSEE, FL 32312*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*A NOT FOR PROFIT ORG. given for FAMILIES/PERSON REQUIRING  
SELF MOTIVATION, to improve SELF ESTEEM to move  
FORWARD WITH SUCCESSFUL REALITY to a productive LIFE.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*Director's will be appointed/elected A ANNUAL MEETING.*

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

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

*DONNA M. ANDERSON, President & CEO,  
DONNA M. ANDERSON, ~~CEO~~ TREASURER  
CLIFF BARNES, Vice President & 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:

*HARRY SMITH  
1342 TIMBERLINE RD, TALL, FL 32312*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*DONNA M. ANDERSON  
1342 TIMBERLINE RD, TALL, FL 32312*

\*\*\*\*\*

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.

*Harry Smith*  
\_\_\_\_\_  
Signature/Registered Agent

*7/29/09*  
\_\_\_\_\_  
Date

*Donna M. Anderson*  
\_\_\_\_\_  
Signature/Incorporator

*July 7, 2009*  
\_\_\_\_\_  
Date