

N09000007140

(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



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07/23/09--01005--001 \*\*70.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2009 JUL 23 AM 8:33  
NOTIFIED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING  
FILED  
09 JUL 23 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 7/23/09

## COVER LETTER

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

SUBJECT: MOAB, 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: Kimberly L. Conyers  
Name (Printed or typed)

19 Sugar Plum Lane  
Address

Havana, Florida 32333  
City, State & Zip

(850) 539-3690  
Daytime Telephone number

kadedeji@bellsouth.net  
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**  
09 JUL 23 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

MOAB, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

19 Sugar Plum Lane, Havana, Florida 32333

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide Community Interactive Services  
*Community organizing agencies/organizations to provide & assist services for the community; i.e. group counseling, workshops, skill training for the workplace, etc.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed: *as stated in the Bylaws*

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

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

Director: Kimberly L. Conyers  
19 Sugar Plum Lane  
Havana, Florida 32333

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

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

Kimberly L. Conyers  
19 Sugar Plum Lane  
Havana, Florida 32333

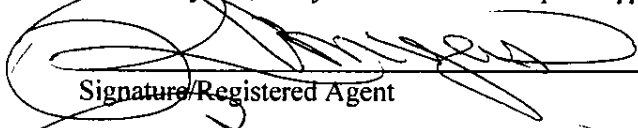
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Kimberly L. Conyers  
19 Sugar Plum Lane  
Havana, Florida 32333

\*\*\*\*\*

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

7/23/09

\_\_\_\_\_  
Date

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

7/23/09

\_\_\_\_\_  
Date