

N10000005955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

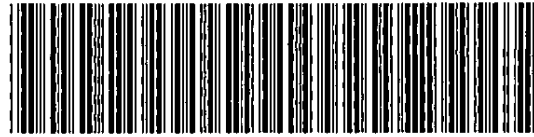
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 JUN 21 PM 4:07
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
10 JUN 21 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

88
6/21/10

COVER LETTER

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

SUBJECT: DROWSY DRIVING AWARENESS OF FLORIDA, 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: JOSIE WEST
Name (Printed or typed)

934 COCHRAN DRIVE
Address

TALLAHASSEE, FL. 32301
City, State & Zip

850-559-5992
Daytime Telephone number

JOSIEWEST@COMCAST.NET
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

DROWSY DRIVING AWARENESS OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

934 COCHRAN DRIVE
TALLAHASSEE, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO BRING AWARENESS FOR EVERY DRIVER ON FLORIDA HIGHWAYS TO GET ENOUGH
REST BEFORE OPERATING A VEHICLE, INCLUDING COMMERCIAL TRANSPORTATION
STRICTLY ENFORCING ALL STATE AND FEDERAL REGULATIONS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

DIRECTORS ARE ELECTED AS ACCORDING TO THE BY-LAWS.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

JOSIE WEST, PRESIDENT, 934 COCHRAN DR. TALLAHASSEE, FL. 32301
PERRY WEST, DIRECTOR, 934 COCHRAN DR. TALLAHASSEE, FL. 32301
CAVETTA CORBETT, DIRECTOR, 934 COCHRAN DR. TALLAHASSEE, FL 32301
RON DUGANS, DIRECTOR, 1549 COLEMAN ST. TALLAHASSEE, FL. 32310
LUCRESSIA MCGRUFF, DIRECTOR, 2260 RIDGE AVE. CLERMONT, FL 32711

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOSIE WEST
934 COCHRAN DRIVE
TALLAHASSEE, FL. 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSIE WEST
934 COCHRAN DRIVE
TALLAHASSEE, FL. 32301

*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

06/21/2010

Date



Signature/Incorporator

06/21/2010

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA