

✓ 180088007564

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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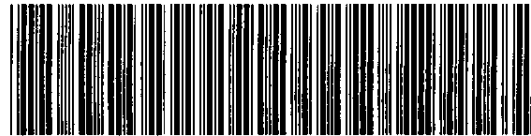
(Business Entity Name)

(Document Number)

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2010 AUG 6 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

26292
8-11-10
C-10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2010

KENDRA BULLUCK
6175 NW 153RD ST., SUITE 303
MIAMI, FL 33014

SUBJECT: D.I.V.A.S INCORPORATED
Ref. Number: W10000026292

RECEIVED
10 AUG -6 PM 1:16
DIVISION OF CORPORATIONS

We have received your document for D.I.V.A.S INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 210A00013636

COVER LETTER

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

SUBJECT: ~~XB~~ D.I.V.A.S. Incorporated Mentoring Program 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: Kendra Bulluck
Name (Printed or typed)

6175 NW 153rd Street Suite 303
Address

Miami, FL 33014
City, State & Zip

305-826-7900
Daytime Telephone number

divassouthflorida@gmail.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)

ARTICLE I NAME

The name of the corporation shall be:

~~D.I.V.A.S Incorporated~~ **D.I.V.A.S Mentoring Program, Inc.**

ARTICLE II PRINCIPAL OFFICE

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

6175 NW 153rd Street Suite 303 Miami, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To further the needs of many who cannot help themselves including but not limited to underprivileged children and young adults. To engage in activities to promote and further education, improve self sufficiency and the overall quality of life for anyone.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors will be elected based on the need for diversity to clearly understand the needs and opportunities of the various communities served.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

~~Director of Finance~~

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TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kendra Bulluck
6175 NW 153rd Street Suite 303
Miami, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kendra Bulluck

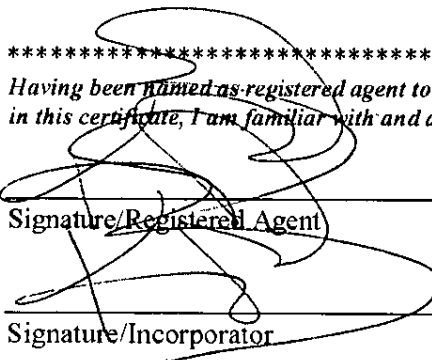
Having been ~~named as~~ registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

4/27/10

Date



Signature/Incorporator

4/27/10

Date