

N10000011692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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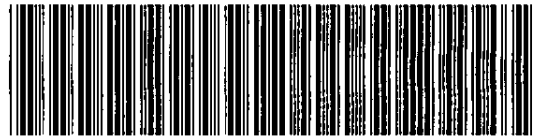
(Business Entity Name)

(Document Number)

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10 DEC 17 PM 5:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

1/6/11

COVER LETTER

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

SUBJECT: GLOBAL WOMEN'S HEALTH NETWORK, 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: DAVID S. ELDREDGE

Name (Printed or typed)

21 Old Kings Road, North, Suite B-110

Address

Palm Coast, Florida 32137

City, State & Zip

386-445-2211

82 Fort Street, Tallahassee, FL 32314
Telephone number

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: Global Women's Health Network, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
82 Fortress Place
Palm Coast, Florida 32137

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assist unemployed and/or uninsured women to become self-sufficient by providing food, clothing, affordable housing and training.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The number of directors and the manner in which directors are elected shall be set forth in the Bylaws of the Corporation, except that the number of directors shall never be less than the minimum number required by Florida and federal law for entities of the type which qualify for federal tax exemption under subsequent amendments.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yvonne Maylor, CEO/President
Address: 82 Fortress Place
Palm Coast, Florida 32137

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

RECEIVED
10 DEC 17 PM 5:00
FILED
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Yvonne Maylor
Address: 82 Fortress Place
Palm Coast, Florida 32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yvonne Maylor
Address: 82 Fortress Place
Palm Coast, Florida 32137

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

Y. Maylor
Required Signature of Registered Agent

12/13/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Y. Maylor
Required Signature of Incorporator

12/13/10
Date