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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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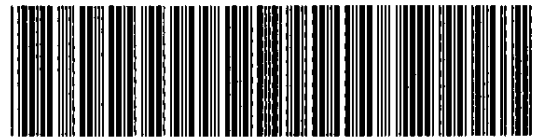
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: SistahGurl 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: Shareza Jackson
Name (Printed or typed)

11601 S.W. 2nd street #107
Address

Pembroke Pines FL 33025
City, State & Zip

(954) 770-1664 | (954) 404-7586
Daytime Telephone number

SistahGurlINC@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: SistahGurl Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
11601 S.W. 2nd Street #107
Pembroke Pines Fl 33025

Mailing address, if different is:
P.O. Box 260465
Pembroke Pines Fl. 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to mentor, educate and equip women to persevere in life and/or overcome adversity, providing assistance where there is need - throughout Miami-Dade, Palm Beach and Broward Counties For women of all ages - Charitable & Educational

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

CEO/Founder and Board vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shareza Jackson CEO/Founder
Address: 11601 S.W. 2nd Street #107
Pembroke Pines Fl. 33025

Name and Title: Smyrne Sarrazin Secretary
Address: 1364 Avon Lane #37
North Lauderdale, Fl. 33068

Name and Title: Executive Vice President T.B.D.
Address: _____

Name and Title: Taisha August VP of Marketing/Communications
Address: 777 S.W. 111 way Apt 166
Pembroke Pines Fl. 33025

Name and Title: Michelle Lewis Treasurer
Address: 4105 Eastridge Circle
Bonaparte Fl. 33064

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Shareza Jackson
Address: 11601 S.W. 2nd Street #107
Pembroke Pines Fl. 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shareza Jackson
Address: 11601 S.W. 2nd Street #107
Pembroke Pines Fl. 33025

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

Shareza Jackson
Required Signature of Registered Agent

12/28/2010
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.

Shareza Jackson
Required Signature of Incorporator

12/28/2010
Date

FILED
10 DEC 30 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA