

N11000001711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

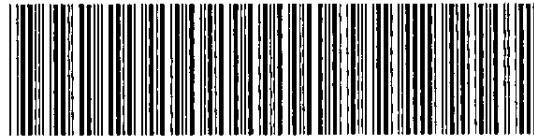
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 FEB 18 PM 2:34

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 18 2011

COVER LETTER

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

SUBJECT: Children of Destiny / Women of Virtue 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: Ms. Shaquita Brown
Name (Printed or typed)

P.O. Box 6431
Address

Tallahassee, FL 32314
City, State & Zip

850-241-3745
Daytime Telephone number

Shaquita1b@yahoo.com
E-mail address* (to be used for future annual report notification)

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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: Children of Destiny / women of Virtue Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

809 Brian Dav. St
Tallahassee, FL 32305

P.O. Box 6431
Tallahassee, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To be able to encourage teens / adults to delay sex until marriage, through religious, educational, motivational and related intervention techniques in order to promote improved decision making, prevention of teen pregnancy and avoidance of sexual transmitted diseases.

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

As stated in Silaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ms. Shaquitta Brown president
Address: P.O. Box 6431
Tallahassee, FL 32314

Name and Title: _____
Address: _____

Name and Title: Lelecia Brown / secretary
Address: P.O. Box 6431
Tallahassee, FL 32314

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

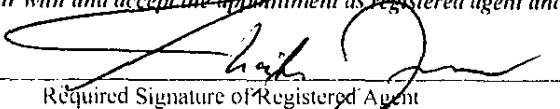
Name: Ms. Shaquitta Brown
Address: P.O. Box 6431
809 Brian Dav
Tallahassee, FL 32314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

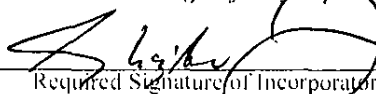
Name: Ms. Shaquitta Brown
Address: P.O. Box 6431
Tallahassee, FL 32314

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:


Required Signature of Registered Agent

2/18/11
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.


Required Signature of Incorporator

2/18/11
Date

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TALLAHASSEE, FLORIDA