

N110000004371

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

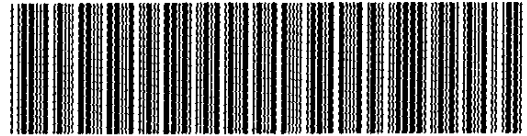
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~~W11-21863~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY -2 PM 3:34

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: Truth Be Told, 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
#1178

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Kathryn M Lorenzini
Name (Printed or typed)

2050 E Oakland PK Blvd #2
Address

Ft. Lauderdale, FL 33306
City, State & Zip

954-295-8141
Daytime Telephone number

Kathryn@myenergyplace.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2011

KATHRYN M LORENZINI
2050 E OAKLAND PK BLVD #205
FT. LAUDERDALE, FL 33306

SUBJECT: TRUTH BE TOLD, INC
Ref. Number: W11000021863

We have received your document for TRUTH BE TOLD, INC 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 111A00009461

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Truth Be Told, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2050 E Oakland Park Blvd #205 Mailing address, if different is:
Ft. Laud., FL 33306

ARTICLE III PURPOSE

The Purpose is to offer self help workshops to persons who want to improve their lives and become more self sufficient people, parents and members of society. I will also be bring in guest speakers to help educate parents, doctors, social workers and many other adults who touch the lives of our young people today. The Children of Now are very special people and society needs to learn how to work with them, understand them, challenge them and learn from them. Your Journey to Self Discovery is where we want to go.

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

DIRECTORS were appt. by the Pres. because of previous as.
and experience

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>President</u>	Name and Title: _____
Address: <u>Kathryn Lorenzini</u>	Address: _____
<u>2050 E. Oakland Park Blvd. Ste. 205</u>	_____
<u>Ft. Lauderdale, FL 33306</u>	_____
Name and Title: <u>Tamara Spelding</u>	Name and Title: _____
Address: <u>Vice President</u>	Address: _____
<u>3500 Galt Ocean Drwe #2903</u>	_____
<u>Fort Lauderdale, FL 33308</u>	_____
Name and Title: <u>Vickey Steyer</u>	Name and Title: _____
Address: <u>Sec - TAMARA</u>	Address: _____
<u>3233 NE 34th St</u>	_____
<u>#1715</u>	_____
<u>Ft. Laud, FL 33308</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: _____
Address: Kathryn Lorenzini
2050 E. Oakland Park Blvd. Ste. 205
Ft. Lauderdale, FL 33306

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____
Address: Kathryn Lorenzini
2050 E. Oakland Park Blvd. Ste. 205
Ft. Lauderdale, FL 33306

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

Kathryn M Lorenzini
Required Signature of Registered Agent

4-14-11
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.

Kathryn M Lorenzini
Required Signature of Incorporator

4-14-11
Date

AND
FILED
11 MAY -2 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA