N11000004501

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400205229224

05/09/11--01001--025 **78.75

DEFINE THEN OF STATE ON STATE OF STATE OF STATE OF STATE OF STATE ON STATE OF STATE ON STATE OF STATE

RECEIVED



MRP 3/4

COVER LETTER

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

SUBJECT: W.	PROPOSED CORPORATI	Ne Operat	e Move E	Sticiently		
Enclosed is an original	and one (1) copy of the Artic	les of Incorporation an	d a check for :			
\$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate			
		ADDITIONAL C	OPY REQUIRED			
FROM: Bianca Murphy Name (Printed or typed)						
243 W. Ison Green Blud						
	Tallahassee	FL 323 tate & Zip	<u>,0</u> 5			
	Daytime Te	ephone number				

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

fall ED.

Date

The name of the cor	poration shall be: W. O. M. E. N. 4	Y)C, ITHAI -	p 編制 作 8件
ARTICLE II	PRINCIPAL OFFICE	SECRE PA	RE OF STATE
	243 Wilson Green Blud. Tallahassee, FL 32805	269 Chatear Tollahassee, Fi	1 32311
ARTICLE III	PURPOSE		1
The purpose for wh	nich the corporation is organized is: W.O.M.E.	.N. will address	, the needs
Of No	men worldwide as they	relate to emot	ional hear
fam:ly	Stability and an overall	awareness of	self.
	MANNER OF ELECTION The manner in which the direction		
V	0te		Q - Art
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	Aleade in The	· COO Manuel
Name and Tit Address: ·	Tall chasse FL 32311 (Freculine Dixector) (Ficer	2009 Bradford Tallahossee, F	
Name and Tit Address:	tle: Hazel Clove Board Marker Name and 314 South Patton St. Address:	Title: Franchatta F 5748 Brave hea Tailahassee, FL.	Sarbar MEN
Name and Tit Address:	Tonda Nelson, Name and Tonda Nelson, Name and Tonda Nession Rd. Tollahassee, FL 32308	643 Pan 1 Russ	Jton WHER 32304 Eli Rd 2 32306
	REGISTERED AGENT	•	•
The <u>name and Flor</u> Name: Address:	rida street address (P.O. Box NOT acceptable) of the registered Bianca Murphy 243 Wilson Green Brd Tall analsee, 12 32305	agent is:	
ARTICLE VII	INCORPORATOR	الله في المراقع المراق المراقع المراقع المراق	
The <u>name and add</u> Name: Address	ress of the Incorporator is: Bianca Murphy 243 Wilson Green Blud Tayahassee, FL 32305		
	ed as registered agent to accept service of process for the ab miliar with and accept the appointment as registered agent and		lesignated in this
(Dia	Required Signature of Registered Agent	4/6/ Date	1/
	nent and affirm that the facts stated herein are true. I am awa of State constitutes a third degree felony as provided for in s.81		ed in a document
12:04	On Mumoha	4/6/	11

Required Signature of Incorporator