

W110000005896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

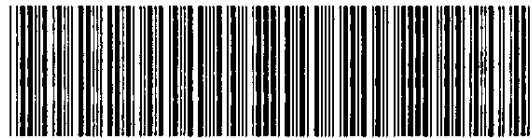
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900196975579

03/08/11--01029--002 **78.75

FILED
11 JUN 17 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W11-13762

6/20/11

COVER LETTER

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

SUBJECT: Never ALONE 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: Lashunda THOMAS
Name (Printed or typed)

1654 Flower mound Ln.
Address

Cocoa, FL. 32922 Apt. #5
City, State & Zip

1-850-443-4125
Daytime Telephone number

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

March 11, 2011

LASHUNDA THOMAS
1654 FLOWERMOUND LN.
APT. #5
COCOA, FL 32922

SUBJECT: NEVER ALONE, INC.
Ref. Number: W11000013762

We have received your document for NEVER ALONE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6921.

Maryanne Dickey
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 611A00005927



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2011

LASHUNDA THOMAS
1654 FLOWERMOUND LN.
APT. #5
COCOA, FL 32922

SUBJECT: NEVER ALONE, INC.
Ref. Number: W11000013762

We have received your document for NEVER ALONE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The purpose stated in Article III describes a NON-PROFIT corporation. If your entity should be filed as a NON-PROFIT, I have attached the correct forms for completion.

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) 245-6921.

Maryanne Dickey
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 611A00005927

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

ARTICLE I NAME

The name of the corporation shall be: Never Alone, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1654 Flowermound LN.
Cocoa, FL. 32922
Apt. # 5

Mailing address, if different is: _____

FILED
11 JUN 17 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Empower and educate individuals within our community. Empower individual by providing resources that will assist individual emotionally, physically + Spiritually and teach them to practice safe sex, abstinence, budgeting and networking skills.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Voting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lashunda Thomas Name and Title: _____
Address: President Address: _____
1654 Flowermound LN.
Cocoa FL. 32922 Apt. #5

Name and Title: Rev. Felix E. Navarro Jr, MRS Name and Title: _____
Address: Vice President Address: _____
1346 Waterway St. SW
Palm Bay FL. 32908

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Lashunda Thomas
Address: 1654 Flowermound LN
Cocoa FL. 32922
Apt. # 5

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lashunda Thomas
Address: 1654 Flowermound LN
Cocoa FL. 32922
Apt. # 5

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

Lashunda Thomas
Required Signature of Registered Agent

6-13-11
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.

Lashunda Thomas
Required Signature of Incorporator

6-13-11
Date