NIDDD006213

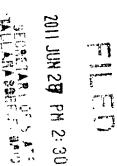
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL				
. (Business Entity Name)					
(Document Number)					
. Certified Copies	Certificates of Status	_			
Special Instructions to Filing Officer:					





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COVER LETTER

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

SUBJECT: Breaking the Silence Jacksonville, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original	and one (1) copy of the Art	icles of Incorporation and	d a check for :	7		
\$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 C	OPY REQUIRED			
FROM		iams				
	13528 Ashford Woo	~. /	Fig.	2011 JUN 27		
Address						
Jacksonville FL 32218			3 77			
	•	State & Zip	F	V -		
904-866-7047				30		
Daytime Telephone number						

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

E-mail address: (to be used for future annual report notification)

pastorsirretta2000@yahoo.com

ARTICLES OF INCORPORATION

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

ARTICLE I The name of the co	NAME orporation shall be: Breaking the S	Silence	Jacksonville, Inc.
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	6324 Grove Street	="	13528 Ashford Wood Court, West
	Jacksonville FL 32219	-	Jacksonville FL 32218
ARTICLE III	PURPOSE	•	
	 		
Breaking the Silence Jacks qualify as exempt organiza or more exempt purposes or or to a state or local govern	which the corporation is organized is: conville, Inc. is organized exclusively for charitable, religious, educational, an itions under section 501 (c)(3) the Internal Revenue Code, or corresponding within the meaning of section 501 (c) (3) of the Internal Revenue Code, or comment, for a public purpose. Any such assets not disposed of shall be disposer usuch purpose or to such organization or organizations, as said Court shall	section of any federal co prresponding section of a sed of by the Court of Cor	de. Upon dissolution of the organization, assets shall be distributed for one ny future federal tax code, or shall be distributed to the federal government, mmon Pleas of the county in which the principal office of the organization if
ARTICLE IV	MANNER OF ELECTION The manner in v	which the director	s are elected and appointed:
·	ectors are initally appointed to their positions.		
board members ARTICLE V			millione and majority resolution appearance.
	itle: Dr. Sirretta Williams, President		: Laveranues Coles, Vice President
Address:	13528 Ashford Wood Court West		87 Coles Court
*	Jacksonville FL 32218		St. Augustine FL 32084
		•	
Name and Ti	itle:_Barbara_Wakefield, Secretary	Name and Title	: Tori Peoples Treasurer
Address:	10935 Wingate Road	Address:	8787 Southside Blvd #3615
radioss.	Jacksonville FL 32218	Address.	Jacksonville FL 32256
•	DGONOGITYING TE OLE 10	-	SAGNOGHVINO I E SEZOO
Name and Ti	itle:Wynn Renaldo, Director	Name and Title	: Stacey Knott, Director
· Address:	9504 Empire Road	Address:	3438 Nightscape Circle
	Las Vegas NV 89143	•	Jacksonville FL 32224
		•	- Control of the cont
ARTICLE VI	REGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptable) of	the registered age	ent is:
Name:	Dr. Sirretta Williams		
Address:	13528 Ashford Wood Court West		. jil
	Jacksonville FL 32218	•	Service Control of the Control of th
			22 23
ARTICLE VII	INCORPORATOR		. ω
	Iress of the Incorporator is:		
Name:	Dr. Sirretta Williams		
Address:	13528 Asford Wood Court West		
	Jacksonville FL 32218		
Having been nam certificate, I am fai	ed as registered agent to accept service of proces miliar with and accept the appointment as registere	s for the above . d agent and agre	stated corporation at the place designated in this te to act in this capacity
Mas		-	6-21-11
WK/E	Required Signature of Registered Agent		Date
			nat any false information submitted in a document
to the Department	of State constitu j es o third degree felony as provide	a jor in s.817.15.	o, F.S.

Date

Required Signature of Incorporator

Breaking the Silence Jacksonville

P.O. Box 28866 • Jacksonville, Florida 32226 • Phone (904) 725-7502 • Fax (904) 714-4458

June 21, 2011

To Whom It May Concern:

As President of Breaking the Silence, Inc. and an authorized representative, I certify the dissolution of Breaking the Silence Jacksonville, Inc., a for profit organization and release the name for use by Breaking the Silence Jacksonville Inc., a not for profit organization. The dissolution of the corporation was duly authorized by the Board of Directors of the corporation.

I will not be reinstating Breaking the Silence Jacksonville, Inc. a for profit organization. I have enclosed both the relevant dissolution documents along with the Articles of Incorporation application for the not for profit.

Dr. Sirretta Williams, President

Breaking the Silence Jacksonville, Inc.

Stacey A. Knott, Director

Breaking the Silence Jacksonville, Inc.

Votarred this 22 rd day of Jure, 2011, Stacey Knott's Signature Commission Robenson Notary.