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2011 JUL 13 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUL 15 2011

## COVER LETTER

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

SUBJECT: Wings on Women, 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: Priscilla B. Dames

Name (Printed or typed)

461 NE 119 Street

Address

Biscayne Park, FL

City, State & Zip

305-892-7233

1400 Biscayne Blvd Telephone number

info@wingspanseminars.com

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

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

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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**ARTICLE I NAME**

The name of the corporation shall be: Wings on Women, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1400 Biscayne Blvd.  
Miami, FL 33132

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation is organized for the charitable and educational purposes of women and girls. Through the infusing of Conflict Resolution into the tenets of the Women's Empowerment Principles, we will help to ensure health, safety and well-being, by providing self, professional and enterprise development training.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Board members shall be appointed by the CEO for a term of three years.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David Blake, Director  
Address: 461 NE 119 Street  
Biscayne Park, FL 33161

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Valarie Crawford, Director  
Address: 1200 West Avenue  
Miami Beach, FL 33139

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Ivon Mesa, Director  
Address: 2400 S. Dixie  
Miami, FL 33133

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: Priscilla B. Dames  
Address: 461 NE 119 Street  
Biscayne Park, FL 33161

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Priscilla B. Dames  
Address: 461 NE 119 Street  
Biscayne Park, FL 33161

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

Priscilla B. Dames  
Required Signature of Registered Agent

July 9, 2011  
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.

Priscilla B. Dames  
Required Signature of Incorporator

July 9, 2011  
Date