

N11000007341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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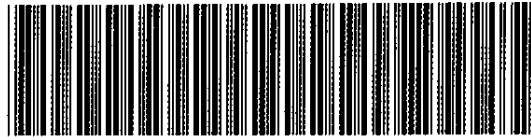
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 AUG -3 AM 10:59
FILED
11 AUG -3 AM 11:11
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Parents Raising Sensational Multiples, 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: Ashley Benton
Name (Printed or typed)

8652 Shire Ridge Loop
Address

Tallahassee, FL 32309
City, State & Zip

850-668-9351
Daytime Telephone number

ashley.elizabeth815@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: Parents Raising Sensational Multiples, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8652 Shire Ridge Loop
Tallahassee, FL 32309

Mailing address, if different is:
P.O. Box 14521
Tallahassee, FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Purpose of PRSM is to broaden the understanding of child development and child rearing, which especially relate to multiples through the exchange of information between parents, educators, doctors and others having direct interest and experience.

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

Qualified candidates are elected by majority vote of members of PRSM.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Christine Russell, President</u>	Name and Title: <u>Elizabeth Lindsey, Co-Vice President</u>
Address: <u>400 Capital Circle SE #814</u>	Address: <u>5736 Cypress Cir</u>
<u>Tallahassee, FL 32301</u>	<u>Tallahassee, FL 32303</u>

Name and Title: <u>Amy Dietz, Co-Vice President</u>	Name and Title: <u>Ashley Benton, Treasurer</u>
Address: <u>2205 WALL ST</u>	Address: <u>8652 Shire Ridge Loop</u>
<u>TALLAHASSEE, FL 32309</u>	<u>Tallahassee, FL 32309</u>

Name and Title: <u>Laureen McElroy,</u>	Name and Title: _____
Address: <u>2308 Forsythe Way</u>	Address: _____
<u>Tallahassee, FL 32308</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: Amy Dietz
Address: 2205 Wall Street
Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ashley Benton
Address: 8652 Shire Ridge Loop
Tallahassee, FL 32309

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

Amy Dietz

Required Signature of Registered Agent

7/25/11

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.

Ashley Benton

Required Signature of Incorporator

7/25/11

Date

FILED
11 AUG - 6 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA