

N11000008174

(Requestor's Name)

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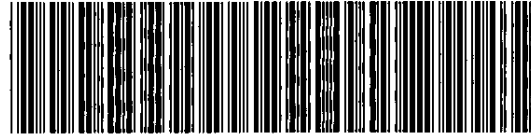
(Business Entity Name)

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FILED
11 AUG 29 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: The National Association Of the Mother and Daughter Bonding Network, 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: Dr. Bessie S. Fletcher, Trustee
Name (Printed or typed)

PO Box 398424
Address

Miami Beach, Florida 33239
City, State & Zip

954-665-4205
1521 Alt. Phone Telephone number

drbessie1@gmail.com ✓
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

The National Association of the Mother and Daughter Bonding Network, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1521 Alton Rd
Miami Beach, Florida 33139-3301

Mailing address, if different is:

PO Box 398434
Miami Beach, Florida 33239

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized to help educate, train and assist mothers and daughter, as well as others. Its focus is on the mother and daughter relationships. To help increase the bond between mothers and their daughters, creating healthier families and stronger communities.

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

Directors shall be elected by the Board of Trustees

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Dr. Bessie S. Fletcher, Trustee, Sec</u>	Name and Title: _____
Address: <u>PO Box 398434</u>	Address: _____
<u>Miami Beach, Florida 33239</u>	_____

Name and Title: <u>Angela Huntley, Chair</u>	Name and Title: _____
Address: <u>3925 Philpark Dr</u>	Address: _____
<u>Winston-Salem, NC 27106</u>	_____

Name and Title: <u>Dr. Gloria Magruder, Vice Chair</u>	Name and Title: _____
Address: <u>5913 E Bonniewood Turn</u>	Address: _____
<u>Clinton, MD 20735</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: Dr. Bessie S. Fletcher, Trustee
Address: 1500 Alton Rd
Miami Beach, Florida 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Bessie S. Fletcher, Trustee
Address: PO Box 398434
Miami Beach, Florida 33239

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TALLAHASSEE, FLORIDA

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

[Signature]
Required Signature of Registered Agent

8/23/2011
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.

[Signature]
Required Signature of Incorporator

8/23/2011
Date