

N11000009714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

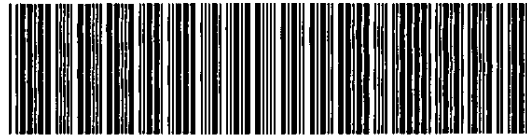
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300213164403

10/13/11--01011--006 **70.00

FILED

2011 OCT 13 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 14 2011

No copy
/

COVER LETTER

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

SUBJECT: Women of Radiance, 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: Terrica Dorsett

Name (Printed or typed)

987 Linden Street

Address

Clermont, FL 34711

City, State & Zip

904-521-7774

987 Linden Street Telephone number

terrica_dorsett@yahoo.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 2011)

FILED

OCT 13 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

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

ARTICLE II PRINCIPAL OFFICE

Principal street address
987 Linden Street
Clermont, FL 34711

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide educational resources to women and young girls about breast cancer awareness and the importance of daily breast exams. To provide financial and emotional support to women recently diagnosed with breast cancer.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by the president as stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terrica Dorsett, President
Address: 987 Linden Street
Clermont, FL 34711

Name and Title:
Address:

Name and Title: Jaclynn Brockway, Vice President
Address: 4949 SW 121 rd
Webster, FL 33597

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

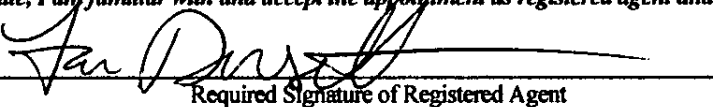
Name: Terrica Dorsett
Address: 987 Linden Street
Clermont, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

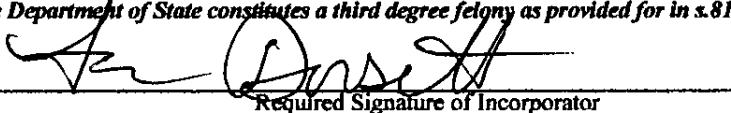
Name: Terrica Dorsett
Address: 987 Linden Street
Clermont, FL 34711

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


Required Signature of Registered Agent

10/10/11
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.


Required Signature of Incorporator

10/10/11
Date