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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

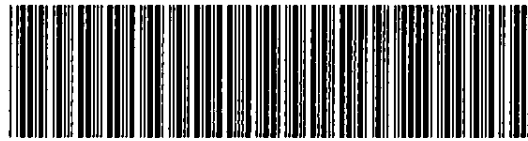
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/05/11--01018--007 **87.50

W/61083

FILED
12 JAN -3 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Burch JAN 04 2012

COVER LETTER

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

SUBJECT: Voice of Tomorrow, 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: Gretel Harvey

Name (Printed or typed)

5165 NW Wisk Fern Circle

Address

Port Saint Lucie, Florida 34986

City, State & Zip

954-263-7846

5165 NW Wisk Fern Circle
Voice of Tomorrow, Inc.
Telephone number

Gretelharvey4@aol.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 JAN -3 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 6, 2011

GRETEL HARVEY
5165 NW WISK FERN CIRCLE
PORT SAINT LUCIE, FL 34986

SUBJECT: VOICE OF TOMORROW, INC.
Ref. Number: W11000061083

We have received your document for VOICE OF TOMORROW, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 611A00027293

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

ARTICLE I NAME

The name of the corporation shall be: Voice of Tomorrow, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
5165 NW Wisk Fern Circle
Port Saint Lucie, Florida 34986

FILED

12 JAN -3 PM 1:34

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

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

"This corporation is organized exclusively for charitable, religious, educational, literary, and scientific purposes within the meaning of section 501(c)(3) of the I.R.S. Code or corresponding provision of any future U.S. I.R.S. Law."

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

"Directors are to be elected by majority two-thirds vote."

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Grete Harvey, Co-Director
Address: 5165 NW Wisk Fern Circle
Port Saint Lucie, Florida 34986

Name and Title: Sheree McNally, Treasurer
Address: 5612 Rock Island Road
#149
Tamarac, Florida 33319

Name and Title: John Harvey, Assistant Director
Address: 5165 NW Wisk Fern Circle
Port Saint Lucie, Florida 34986

Name and Title: _____
Address: _____

Name and Title: Jessica Harvey, Secretary
Address: 5165 NW Wisk Fern Circle
Port Saint Lucie, Florida 34986

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: Grete Harvey
Address: 5165 NW Wisk Fern Circle
Port Saint Lucie, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Grete Harvey
Address: 5165 NW Wisk Fern Circle
Port Saint Lucie, FL 34986

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

Grete Harvey

Required Signature of Registered Agent

12/29/2011
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.

Grete Harvey

Required Signature of Incorporator

11/28/2011
Date