

N 12000001092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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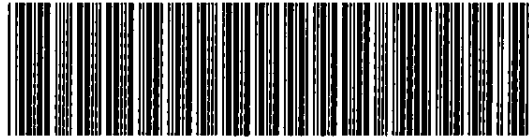
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 31 2012

COVER LETTER

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

SUBJECT: ONE MEMORABLE MOMENT IN TIME PROM CHARITY, 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: Leah Gina Daus-Williams
Name (Printed or typed)

19800 SW 180 AVE #100
Address

MIAMI, FL 33187
City, State & Zip

786-295-2487
Daytime Telephone number

COWGALNEVE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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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: ONE MEMORABLE MOMENT IN TIME PROM CHARITY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
19800 SW 180 AVE #100
MIAMI, FL 33187

Mailing address, if different is:
P.O. Box 92-4324
HOMESTEAD, FL 33092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to help provide Assistance to high school students with prom expenses, such as dresses, tuxs, flowers, tickets and etc.

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

As to be stated in BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>LEAH GINA DAUS-Williams</u>	Name and Title: _____
Address: <u>Pres./VPast Sec / Pres</u>	Address: _____
<u>19800 SW 180 AVE #100</u>	_____
<u>MIAMI, FL 33187</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: LEAH GINA DAUS-Williams
Address: 19800 SW 180 AVE #100
MIAMI, FL 33187

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEAH GINA DAUS-Williams
Address: 19800 SW 180 AVE #100
MIAMI, FL 33187

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

Leah Gina Daus-Williams
Required Signature of Registered Agent

1-24-2012
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.

Leah Gina Daus-Williams
Required Signature of Incorporator

1-24-2012
Date