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J. Shivers FEB 29 2012

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2012 FEB 29 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Milton Community In Action, 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: Norma Sledge

Name (Printed or typed)

6413 Da Lisa Road

Address

Milton, Florida 35583

City, State & Zip

(850) 981-8302

6413 Da Lisa Road telephone number

nsfwb@mediacombb.net

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

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TALLAHASSEE, FLORIDA

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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: Milton Community In Action, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6413 Da Lisa Road

Milton, Florida 35583

Mailing address, if different is:

6413 Da Lisa Road

Milton, Florida 35583

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To develop, promote and support activities for the good of men, women and children in Santa Rosa County Community. To provide opportunities for single parents to earn their GED and get Vocational Training with scholarships.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The directors will be appointed every two years by a selection committee appointed by the current president.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Norma Sledge, President

Address: 6413 Da Lisa Road
Milton, Florida 35583

Name and Title: Rita Salter

Address: 255 Oil Well Road
Flomaton, AL 36441

Name and Title: Marlene Collins Vice President

Address: 6722 Jasmine Street
Milton, Florida 32570

Name and Title: Dawn R. Sledge Director

Address: 316 Tislow Drive
Crestview, FL.

Name and Title: Desi L. Lee, SR. Treasurer

Address: 6884 Trailride North
Milton, Florida 32570

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: DESI L. LEE, SR.

Address: 6884 Trailride North
Milton, Florida 32570

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Norma Sledge, President

Address: 6413 Da Lisa Road
Milton, Florida 35583

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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

Desi L. Lee, Sr.

Required Signature of Registered Agent

2/23/2012
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.

Norma Sledge

Required Signature of Incorporator

2/23/2012
Date