

N12000003334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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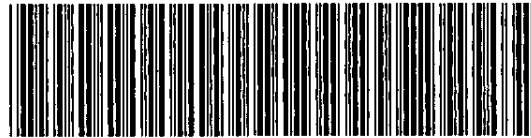
(Business Entity Name)

(Document Number)

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2012 MAR 28 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 29 2012

COVER LETTER

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

SUBJECT: Dove Sense, 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: Katrina Manley

Name (Printed or typed)

Colonnade Circle

Address

Clermont, FL 34711

City, State & Zip

Tel: 352-359-2074

Daytime Telephone number

admin@klmanley.com

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

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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: Dove Sense, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12946 Colonnade Circle
Clermont, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized a charitable organization including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1986 (herein the "Code") (or the corresponding provisions of any future United States Internal Revenue Code).

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The first Board of Directors shall consist of those persons named in the Articles of Incorporation. Such persons shall hold office until the first annual election of Directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Katrina Manley, President
Address: 12946 Colonnade Circle
Clermont, FL 34711

Name and Title: _____
Address: _____

Name and Title: UReda'T Buchanan, Vice President
Address: 1019 NW 6th Avenue
Gainesville, FL 32601

Name and Title: _____
Address: _____

Name and Title: Tiffany Hunt, Secretary
Address: 1132 NE 22nd Street
Gainesville, FL 32641

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: Katrina Manley
Address: 12946 Colonnade Circle
Clermont, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Katrina Manley
Address: 12946 Colonnade Circle
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

3/26/12
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

3/26/12
Date

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TALLAHASSEE, FLORIDA