

N120000006342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

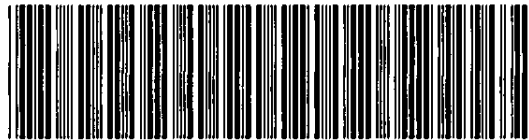
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: VWeeks Outreach & Development, 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: Kaisha Weeks
Name (Printed or typed)

7018 Forest City Road
Address

Orlando, Florida 32810
City, State & Zip

321-663-3826
7018 Forest City Road Phone number

vweek29@aol.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 Profit)

ARTICLE I NAME

The name of the corporation shall be: **VWeeks Outreach & Development, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
7018 Forest City Road
Orlando, FL 32810

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Said corporation is organized exclusively for charitable purposes, including food banks, clothing drives, athletics, mentoring and family empowerment programming.

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

A minimum of 7 officers/directors shall be nominated & selected by the advisory council

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kaisha Weeks, President
Address: 550 Birch Court
Altamonte Springs, FL 32702

Name and Title: Portia Welton- Secretary
Address: 802 Margret Square
Winter Park, FL 32789

Name and Title: Elder Leroy McMillon, VPres
Address: 2416 Rideside Road
Apopka, FL 32712

Name and Title: Rachel Hamilton, Director
Address: 1151 Washington Street
Oviedo, FL 32765

Name and Title: Carey Gallon, Treasurer
Address: 144 Oak Grove Road
Winter Park, FL 32789

Name and Title: Winifred Lomax, Director
Address: 751 W. Kennedy Blvd #K103
Orlando, Florida 32810

ARTICLE VI REGISTERED AGENT

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

Name: Kaisha Weeks
Address: 550 Birch Court
Altamonte Springs, FL 32702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elder Leroy McMillon
Address: 2416 Rideside Road
Apopka, FL 32712

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

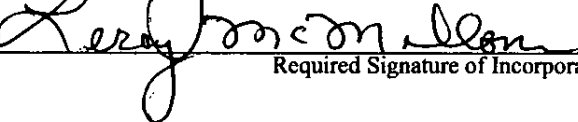


Required Signature of Registered Agent

6/20/12

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

6/20/12

Date

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STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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Article V INITIAL OFFICERS AND/OR DIRECTORS

Name: Johnathan Page, Director
Address: 802 Margret Square
Winter Park, FL 32789

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CORRECTIONS