

N112000009108

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 SEP 24 PM 1:03
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
12 SEP 24 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: S-Von Foundation 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: _____
Name (Printed or typed)

400 Capital Circle SE
Address

Tallahassee, FL 32301
City, State & Zip

850-320-7867
Daytime Telephone number

stopsexabuse@yahoo.com
E-mail address: (to be used for future annual report notification)

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12 SEP 24 PM 1:46
STATE OF FLORIDA
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:

S. van Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

*400 Capital Circle SE
Ste 18323
Tallahassee, FL 32301*

Mailing address, if different is:

*400 Capital Circle SE
Ste 18323
Tallahassee, FL 32301*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To inform, educate, the community for sex abuse

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

As stated in Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *CEO Sherry Johnson*
Address: *400 Capital Circle SE
18323
Tallahassee, FL 32301*

Name and Title: _____
Address: _____

Name and Title: *Victor Daniels - V. Pres.*
Address: *400 Capital Circle SE
18323
Tallahassee, FL 32301*

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: *Sherry Johnson*
Address: *400 Capital Circle SE
18323
Tallahassee, FL 32301*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: *Sherry Johnson*
Address: *400 Capital Circle SE
18323
Tallahassee, FL 32301*

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

[Signature]
Required Signature of Registered Agent

9-24-12
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.

[Signature]
Required Signature of Incorporator

9-24-12
Date

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TALLAHASSEE, FLORIDA

I Sherry Johnson have no intention
of reinstating S-Von Foundation LLC

Doc. # 211000114160

I release the Name

Sherry Johnson

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA