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(Requestor's Name)

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(City/State/Zip/Phone #)

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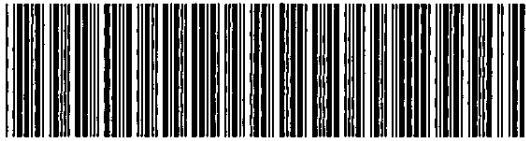
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(Business Entity Name)

\_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

**SUBJECT:** Secret Angels Network, 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:** Kristen Dusseau  
Name (Printed or typed)

4417 13th Street, Suite 159  
Address

Saint Cloud, FL 34769  
City, State & Zip

407-247-6030  
Daytime Telephone number

Kristen@SecretAnglesNetwork.org  
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** Secret Angels Network, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4417 13th Street  
Suite 159  
Saint Cloud, FL 34769

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide a manner to collect and distribute donated food, clothing, and other household items to families in need.

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

The initial Board of Directors shall be appointed by the Founder and shall hold office for a period of one (1) year or until their successor shall have been elected and qualified. Any Director or Directors may be removed, at any time, with or without any cause, by majority vote of the members at a duly called meeting.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kristen Dusseau, Founder and Director  
Address: 4417 13th Street, Suite 159  
Saint Cloud, FL 34769

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Anna Gaglio, Director  
Address: 3260 Toscana Drive  
Saint Cloud, FL 34772

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Ruth Nelson, Director  
Address: 1306 Cinda Court  
Saint Cloud, FL 34772

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

Name: Kristen Dusseau  
Address: 4417 13th Street, Suite 159  
Saint Cloud, FL 34769

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kristen Dusseau  
Address: 4417 13th Street, Suite 159  
Saint Cloud, FL 34769

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

Kristen Dusseau  
Required Signature of Registered Agent

9/25/2012  
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.

Kristen Dusseau  
Required Signature of Incorporator

9/25/2012  
Date