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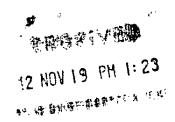
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TALLARY PROBLEM STORY

11/20/12



FLORIDA DEPARTMENT OF STATE Division of Corporations



October 25, 2012

SHANNAN IGHODARO, MBA 17220 NW 20 AVENUE MIAMI GARDENS, FL 33056

SUBJECT: 100 WOMEN OF VIRTUE, INC.

Ref. Number: W12000054742

We have received your document for 100 WOMEN OF VIRTUE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 312A00026252

Division of Corporations - P.O. BOY 6327 Tallahassoa, Florida 32314

COVER LETTER

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

SUBJECT: 100	Women of Virtu	ie, Inc.	
	(PROPOSED CORPORAT	E NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed is an original	and one (1) copy of the Artic	eles of Incorporation and	d 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 CO	OPY REQUIRED
		<u> </u>	
FROM	Shannan Ighoda	aro. MBA	
1 ROW		nted or typed)	
	17220 NW 20 A	venue	
	Ad	ldress	_
	Miami Gardens		
	City, St	tate & Zip	
	17220 NDA 200 VAVERA	gphone number	-
	esighodaro2@	comcast.net	

NOTE: Please provide the original and one copy of the articles.

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I

NAME

Tricle III PURPOSE	ARTICLE II PRINCIPAL OFFICE Principal street address			Mailing a	Mailing address, if different is:	
RTICLE III PURPOSE the purpose for which the corporation is organized is: Mentorship for At-Risk Youth RTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: **Corporation of CLECTION** Of DIRECTORS III **TICLE V INITIAL OFFICERS AND/OR DIRECTORS** Name and Title: De Dedores begram. Chair Name and Title: So Dedores Mayam. Chair Address: 1518 Sharar Avenue Occidente, P. 33054 Name and Title: Mannina Calcoway Sharat, Socretary Address: 1520 NW 22 Avenue Address: Marni Cardens FL 33056 Name and Title: Address: **TICLE VI REGISTERED AGENT** **Common Special Street address (P.O. Box NOT acceptable) of the registered agent is: **Name: Address: **Name: Address: Incorporator is: **Name: Sharona Ignodate, MBA Address: **Incorporator is: **Name: Sharona Ignodate, MBA Address: **Manni Gardens FL 33056 **TICLE VII INCORPORATOR** **Bame and address of the Incorporator is: **Name: Sharona Ignodate, MBA Address: **Manni Gardens FL 33056 **TICLE VII INCORPORATOR** **Bame and address of the Incorporator is: **Name: Sharona Ignodate, MBA Address: **Manni Gardens FL 33056 **TICLE VII INCORPORATOR** **Bame and address of the Incorporator is: **Manni Gardens FL 33056 **TICLE VII INCORPORATOR** **Bame and address of the Incorporator is: **Manni Gardens FL 33056 **TICLE VII INCORPORATOR** **Bame and address of the Incorporator is: **Manni Gardens FL 33056 **TICLE VII INCORPORATOR** **Bame and address of the Incorporator is: **Manni Gardens FL 33056 **TICLE VII INCORPORATOR** **Bame and address of the Incorporator is: **Manni Gardens FL 33056 **TICLE VII INCORPORATOR** **Bame and address of the Incorporator is: **Manni Gardens FL 33056 **TICLE VII INCORPORATOR** **Manni Gardens FL 33056				ividiling a	daress, it different is.	
The purpose for which the corporation is organized is: Mentorship for At-Risk Youth **RTICLE IV** MANNER OF ELECTION** The manner in which the directors are elected and appointed: **NETTICLE V** **INITIAL OFFICERS AND/OR DIRECTORS** Name and Title: Displayers brigging, Chair Address: **Initial OFFICERS AND/OR DIRECTORS** Name and Title: Initial OFFICERS AND/OR DIRECTORS** Name and Title: Manner Norman Obst Locks, Ft. 33054 **Name and Title: Kymberies Cury, Esq., Member Address: **ISSO NN 22 Avenue** Mami Gardens Ft. 33056 **Name and Title: Address: **Name and Title: Address: **Address: **Addr		Miami Gardens FL 33056				
The purpose for which the corporation is organized is: Mentorship for At-Risk Youth **RTICLE IV** MANNER OF ELECTION** The manner in which the directors are elected and appointed: **NETTICLE V** **INITIAL OFFICERS AND/OR DIRECTORS** Name and Title: Displayers brigging, Chair Address: **Initial OFFICERS AND/OR DIRECTORS** Name and Title: Initial OFFICERS AND/OR DIRECTORS** Name and Title: Manner Norman Obst Locks, Ft. 33054 **Name and Title: Kymberies Cury, Esq., Member Address: **ISSO NN 22 Avenue** Mami Gardens Ft. 33056 **Name and Title: Address: **Name and Title: Address: **Address: **Addr	PTICLE III	DITABOOR				
RTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: MC [145] OF ELECTION OF DIRECTORS RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Dr. Dutores ingram, Chair Address: 1515 Sharar Avenue Address: 5328 NW 188 Street Ope-Locks, FL 33054						
Name and Title: Dr. Descrees Ingram. Chair Address: 1515 Sharar Avenue	Mentorship fo	or At-Risk Youth				
Name and Title: Dr. Debos Ingram, Chair Address: Name and Title: Mrs. Theims Calloway-Blatch, Secretary Address: 1515 Sharar Avenue Address: Name and Title: Mrs. Theims Calloway-Blatch, Secretary Address: RTICLE VI REGISTERED AGENT RADDRESS: Address: Name: Ot. Enabor Inforder Mami Gardens FL 33056 RTICLE VII INCORPORATOR Regulared Separate Agent of the Incorporator is: Name: Shannan Ignodano, MBA Address: Shannan Ignodano, MBA Address: Ingramman Ignodano, MBA Address: Mami Gardens FL 33056 REGISTER VII INCORPORATOR Regulared Signature of Registered Agent and agree to act in this capacity Required Signature of Registered Agent Date Required Signature of Registered Agent Date Address: Date	RTICLE IV	MANNER OF ELECTION The manner	in which the directo	ors are elected and app	ointed: LECTURS 15 A	
Name and Title: Dr. Delores Ingram, Chair Address: 1515 Sharar Avenue One-Locks, FL 33054 Name and Title: Kymbostee Curry, Esq., Member Address: 15250 NW 22 Avenue Address: 15250 NW 22 Avenue Address: Mamil Gardens FL 33056 Name and Title: Address: Address: Name and Title: Address: Mamil Gardens FL 33056 Name and Title: Address: A	ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ייו און פאר ארא	2 134 LAMS		
Address: 1515 Sharar Avenue				le: Mrs. Thelma Callowav-Bl	atch, Secretary	
Name and Title: Kymberiee Cury, Esq., Member Address: 15250 NW 22 Avenue Address: Mami Gardens Ft. 33056						
Address: Mami Gardens FL 33056		Opa-Locka, FL 33054		Mrami, FL 33055		
Address: Mami Gardens FL 33056	Name and Ti	tle: Kymberlee Curry, Esq., Member	— Name and Tit	le:		
Name and Title:	Address:	15250 NW 22 Avenue	Address:			
Name and Title: Address: Address: Address: Address: RTICLE VI REGISTERED AGENT Ename and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Or. Emabor Ighodoro Address: I7220 NW 20 Avenue Miami Gardens FL 33056 RTICLE VII INCORPORATOR Ename and address of the Incorporator is: Name: Shannan Ignodano, MBA Address: I7220 NW 20 Avenue Miami Gardens FL 33056 Wing been named as registered agent to accept service of process for the above stated corporation at the place designated in the difficate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent Date		Miami Gardens FL 33056				
Address: Address: Address:			<u> </u>			
Address: RTICLE VI REGISTERED AGENT e name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: T7220 NW 20 Avenue	Name and Ti	tle	Name and Tit	ام		
RTICLE VI REGISTERED AGENT e name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Or. Enabor Ighodaro Address: 17220 NW 20 Avenue Miami Gardens FL 33058 RTICLE VII INCORPORATOR e name and address of the Incorporator is: Name: Shannan Ignodaro, MBA Address: 17220 NW 20 Avenue Miami Gardens FL 33058 wing been named as registered agent to accept service of process for the above stated corporation at the place designated in the difficate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent Date Abmit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document and acceptance of the above stated corporation at the place designated in the difficate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	Address:		Name and Th	ic		
RTICLE VI REGISTERED AGENT e name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Dr. Erhabor (phodaro) Address: 17220 NW 20 Avenue Miami Gardens FL 33056 RTICLE VII INCORPORATOR e name and address of the Incorporator is: Name: Shanna (gnodaro, MBA) Address: 17220 NW 20 Avenue Miami Gardens FL 33056 wing been named as registered agent to accept service of process for the above stated corporation at the place designated in the difficate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent Date Admit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document and acceptance of the above stated corporation at the place designated in the state of the acceptance of	. 144. 055.	•	/144/033.			
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e name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Dr. Emabor Ighodaro Address: 17220 NW 20 Avenue Miami Gardens FL 33056 RTICLE VII INCORPORATOR to name and address of the Incorporator is: Name: Shannan Ighodaro, MBA Address: 17220 NW 20 Avenue Miami Gardens FL 33056 Wing been named as registered agent to accept service of process for the above stated corporation at the place designated in the difficate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent Date Admit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document and appointment as a registered agent to a coument and affirm that the facts stated herein are true. I am aware that any false information submitted in a document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document and affirm that the facts stated herein are true.	RTICLE VI	REGISTERED AGENT				
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