

N12000011288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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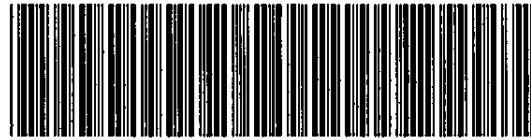
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MRD  
12/4/12

FILED  
12 DEC -3 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: **RILEY ANGEL'S 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: **JAMESHYIA MONK**

Name (Printed or typed)

**3461 WINIFRED ROW LN #1303**

Address

**NAPLES, FL 34116**

City, State & Zip

**239-403-7427**

Daytime Telephone number

**jzonas@schwartzandzonas.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)

**FILED**

12 DEC -3 AM 10:48

**ARTICLE I NAME**

The name of the corporation shall be: Riley Angel's Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3461 Winifred Row lane  
#1303  
Naples, 34110

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A place where kids whom have lost there parent  
due to violence or a violent crime can come for grieving, cooseling etc. To help  
the children overcome whatever obstacles they may be going through  
due to the loss of their parent.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Appointed

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

Name and Title: Jameshyia Monk / Founder Name and Title: \_\_\_\_\_

Address: 3461 Winifred Row lane Address: \_\_\_\_\_  
#1303  
Naples, 34110

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Jameshyia Monk  
Address: 3461 Winifred Row lane  
#1303  
Naples, 34110

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jameshyia Monk  
Address: 3461 Winifred Row lane  
#1303  
Naples, 34110

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

Jameshyia Monk

Required Signature of Registered Agent

8/15/12

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.

Jameshyia Monk

Required Signature of Incorporator

8/15/12

Date