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(Requestor's Name)

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(City/State/Zip/Phone #)

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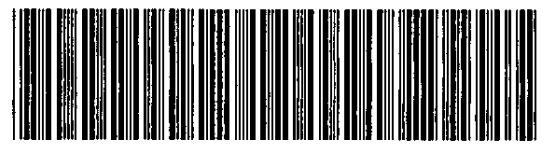
\_\_\_\_\_  
(Business Entity Name)

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

MD 2/11

## COVER LETTER

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

SUBJECT: Project Stitch 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: Scott Gillenwater

Name (Printed or typed)

5915 Ponce De Leon Blvd 5th Fl

Address

Coral Gables, FL 33146

City, State & Zip

305-396-3478

Daytime Telephone Number

projectstitchhaiti@gmail.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** Project Stitch INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5915 Ponce De Leon Blvd 5th Fl  
Coral Gables, FL 33146

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Project Stitch will empower physically challenged Haitians through education and hands on teaching via trade training. We aim to provide vocational skills to our participants and thus allow them to reintegrate and thrive in their local communities.

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

As set forth in the bylaws.

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

Name and Title: Scott Gillenwater, Director  
Address: 37 Grand Blvd.  
Binghamton, NY 13905

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

Name and Title: Joanna Cherry, Director  
Address: 14 Aston St.  
Oxford, UK OX41E

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

Name and Title: John Grant, Director  
Address: PO Box 591  
Point Lookout, NY 11569

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: Scott Gillenwater  
Address: 5915 Ponce De Leon Blvd 5th Fl  
Coral Gables, FL 33146

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Scott Gillenwater  
Address: 37 Grand Blvd.  
Binghamton, NY 13905

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

Scott Gillenwater 

Required Signature of Registered Agent

1-21-13

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.

Scott Gillenwater 

Required Signature of Incorporator

1-21-13

Date

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13 FEB - 8 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA