

N13000001776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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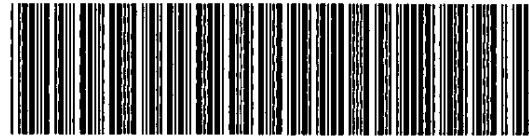
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Burch FEB 25 2013

COVER LETTER

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

SUBJECT: O. T. H. E. R. S. 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: YALANDA D. PATTERSON
Name (Printed or typed)

1279 SANTA ROSA ST. #5
Address

CLEARWATER, FL. 33756
City, State & Zip

(404) 573-9148
Daytime Telephone number

yalanda.patterson@yahoo.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

The name of the corporation shall be: D. T. H. E. R. S., INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1279 SANTA ROSA ST. #5

CLEARWATER, FL. 33756

SAME AS PRINCIPAL

ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help children from the ages ten to eighteen become productive citizens. Providing housing for youth that do not have a place to live due to being a runaway or being in the foster care system; also accept children that are referred from the court system.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed

by CEO or President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

(President)
Name and Title: Yalanda O. Patterson Name and Title: _____

Address 1279 Santa Rosa St. #5 Address: _____

Clearwater, FL. 33756

(Secretary)
Name and Title: Bridget N. Green Name and Title: _____

Address 1279 Santa Rosa #2 Address: _____

Clearwater, FL. 33756

(Treasurer)
Name and Title: Dreams Robinson Name and Title: _____

Address 1279 Santa Rosa #5 Address: _____

Clearwater, FL. 33756

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SECRETARY OF STATE
TALLAHASSEE, FLA.

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: Yalanda O. Patterson
Address: 1279 Santa Rosa St. #5
Clearwater, FL. 33756

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yalanda O. Patterson
Address: 1279 Santa Rosa St. #5
Clearwater, FL. 33756

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TALLAHASSEE, FLORIDA

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

2/15/13
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.

[Signature]
Required Signature of Incorporator

2/15/13
Date