

013000002291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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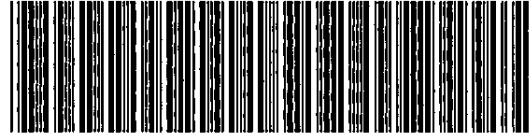
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Daughters of Zion Women's Alliance Corporation
(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: Carol Y. Smith
Name (Printed or typed)

4861 Lakes Edge Lane
Address

Kissimmee, Florida 34744
City, State & Zip

760-619-5790
Daytime Telephone number

dozwa@aol.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: Daughters of Zion Women's Alliance Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4861 Lakes Edge Lane

Kissimmee, FL 34744

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide temporary and transitional housing for homeless women

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The Directors are elected by an unanimous vote of the Board

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carol Y. Smith, President
Address: 4861 Lakes Edge Lane
Kissimmee, FL. 34744

Name and Title: Kaloutie Devi Sarju, Director
Address: 4862 Lakes Edge Lane
Kissimmee, FL. 34744

Name and Title: ShaRon Perry Kelly, Secretary
Address: 8003 Woodfare Court
Orlando, FL. 32817

Name and Title: Floreen V. Luckett, Director
Address: 4860 Lakes Edge Lane
Kissimmee, FL. 34744

Name and Title: Marilyn Denise Travis, Treasurer
Address: 4782 Piedmont Court
Orlando, FL. 32811

Name and Title: Janine Luckett, Director
Address: 4860 Lakes Edge Lane
Kissimmee, FL. 34744

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Carol Y. Smith

Address: 4861 Lakes Edge Lane
Kissimmee, FL. 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carol Y. Smith

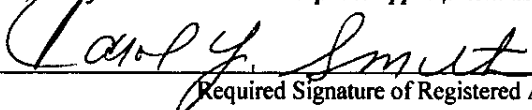
Address: 4861 Lakes Edge Lane
Kissimmee, FL. 34744

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 11 AM 7:34

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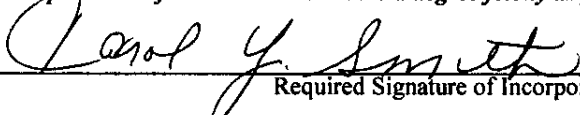
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

03-05-2013

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.


Required Signature of Incorporator

03-05-2013

Date