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13 MAR 11 AM 9:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/4

COVER LETTER

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

SUBJECT: Shelter in the Time of a Storm Center 4 Children
(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: Wanda Wilcox
Name (Printed or typed)

13355 SW 16 Ct. 406
Address

Pembroke Pines Fl. 33027
City, State & Zip

786 274-9600
Daytime Telephone number

shelter_inastorm@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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Shelter in the Time of a Storm center 4 children Corp.

13 MAR 11 AM 9:40

ARTICLE II PRINCIPAL OFFICE

Principal street address
13355sw16 ct. unit 406
Pembroke Pines Fl. 33027

MAILING ADDRESS, IF DIFFERENT IS

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which this corporation is organized, is to provide a faith-base non-profit company purposed in building a foundation , providing shelter and a safe haven for abused children. Shelter in a Storm will focus on education health, sports, and the arts to propel every child's development in society.

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

Board of Directors shall be appointed by the founder of Shelter in the Time of a Storm Center 4 Children Corp.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wanda Wilcox	Name and Title: Albertine Stephenson
Address: 13355 sw 16 ct. 406	Address: 3080 nw 71 Street
Pembroke Pines fl. 33027	Miami Fl. 33147
Founder/ President	Vice President/ Director
Name and Title: Sharon Devaux	Name and Title: Jill Smith
Address: 2896 Tennis Club Drive #205	Address: 10708 nw 40th Street
West Plam beach Fl. 33417	Sunrise Fl. 33351
Director/ chairman	Secretary
Name and Title: Eireka Taylor	Name and Title: _____
Address: 3485 nw 205 Street	Address: _____
Miami Fl. 33058	_____
Treasure/chairman	_____

ARTICLE VI REGISTERED AGENT

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

Name: Wanda Wilcox
Address: 13355 sw 16 ct. 406
Pembroke Pines Fl. 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wanda Wilcox
Address: 13355 sw 16 ct. 406
Pembroke Pines Fl. 33027

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 famillar with and accept the appointment as registered agent and agree to act in this capacity

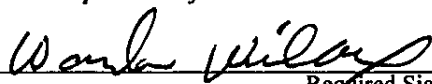


Required Signature of Registered Agent

12-04-2012

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

12-04-2012

Date