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## **COVER LETTER**

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

SUBJECT: The Peters & Lucky Glorified 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

\$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Veronica Peters-Hodge

Name (Printed or typed)

1035 Tolkien Lane

Address

Jacksonville FL. 32225

City, State & Zip

904-235-5883

Daytime Telephone number

millervp20@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	he corporation shall be: The Peters &					
103	Principal <u>street</u> address: 35 Tolkien Lane		Mailing address, if different is:			
Ja	cksonville					
FL	32225					
	TI PURPOSE  for which the corporation is organized is: for support to trying to find a cu					
	tive Tissue, Lupus and Alz					na
more liv	•			· p.o.		<u>a</u>
				SECRE	13 AUG	
ARTICLE I	ED BY DIRECTOR		e directors are elected and appointed:	SSEE PLORIDA	-5 PH 3: 24	
ARTICLE  Name and Tit	Voronica Poters Hadaa PCEODT		Anthony Watkins D			
Address	1035 Tolkien Lane	Address:	1044 Lawfin			
	Jacksonville	_ 71_0.000,	Jacksonville			
	FL. 32225	-	FL. 32211			
Name and Tit	Ronald Hodge CFOSD	Name and Title	Susan Payton D			
Address	1035 Tolkien Lane	Address:	1872 Francis Ave			
	Jacksonville	_ 1100.000.	Atlantic Beach			
	32225	-	FL. 32233			
Name and Tit	le: Demetria Frost Mason D	Name and Title	Geneva Freeman D			
Address	12651 Stockwood Lane	Address:	2005 Lugine Ave			
<b></b>	Jacksonville		Baltimore			
	FL. 32225	-	MD 21207			

Name and Title:		Name and Title:			
Address		Address:			
Name and Title:_ Address		Name and Title:			
ARTICLE VI The name and F)	REGISTERED AGENT orida street address (P.O. Box NOT accept		TALLAHASSE	13 AUG -5	
Name:	Veronica Peters-Hodge		H.ONA	P	
Address:	1035 Tolkien Lane Jacksonville FL. 32225		ADA ADA	3: 24	C
ARTICLE VII The name and ad	INCORPORATOR  Idress of the Incorporator is:  Veronica Peters-Hodge				
Name:	1035 Tolkien Lane	<u> </u>			
Address:	Jacksonville FL. 32225				
	med as registered agent to accept service of amiliar with and accept the appointment as	registered agent and agree to act		_	in this
	Required Signature of Registered Assument and affirm that the facts stated hereing of State constitutes a third degree felony assume Required Signature of Incorp	n are true. I am aware that any fa s provided for in s.817.155, F.S.	Date	ed in a doci	ument