

N13000010213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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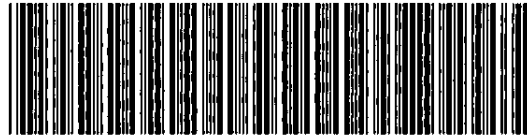
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
11/13/13

COVER LETTER

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

SUBJECT: **Breaking Chains & Heeling Soles, 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: **Johnet Tucker**

Name (Printed or typed)

307 N 27th Street

Address

Fort Pierce, FL 34950

City, State & Zip

(772) 647-1237

Daytime Telephone number

johnet.tucker@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: Breaking Chains & Healing Soles, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

307 N 27th Street Fort Pierce, FL 34950

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To raise awareness in order to educate the community about domestic violence and to prevent domestic violence by providing a safe haven for people who are involved in an abusive situation.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors and/or Officers are elected through a voters process by board members and/or founders.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Johnet Tucker, President

Address: 307 N 27th Street
Fort Pierce, FL 34950

Name and Title: Cleo McCormick, Vice President

Address: 2902 Zora Neal Dr
Fort Pierce, FL 34947

Name and Title: Eunice Carson-Ollivierre, PE Officer

Address: 5817 NW Dana Circle
Port St Lucie, FL 34986

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: **SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Johnet Tucker

Address: 307 N 27th Street

Fort Pierce, FL 34950

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Johnet Tucker

Address: 307 N 27th Street

Fort Pierce, FL 34950

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

Johnet Tucker

Required Signature of Registered Agent

11/7/13

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.

Johnet Tucker

Required Signature of Incorporator

11/7/13

Date