

N/3000010652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

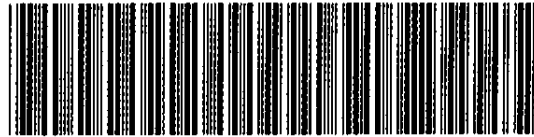
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 NOV 26 PM 2:36
NO. 11/26/13
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

13 NOV 26 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

π 11/26/13

COVER LETTER

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

SUBJECT: Girls of Pearls International 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: Jafria Wooden
Name (Printed or typed)

2918 Pennsylvania Avenue
Address

Marianna, Florida 32446
City, State & Zip

850-557-8787
Daytime Telephone number

jafriawooden@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: Girls of Pearls International Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2918 Pennsylvania Avenue
Suite E Marianna, Florida
32446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide an empowerment program
for girls that empowers, uplift, build self-confidence, and
push girls to reach their divine purpose.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Jafria Wooden (director)</u>	Name and Title:	<u>Jafria Wooden (treasurer)</u>
Address	<u>2918 Pennsylvania</u> <u>Avenue Suite E</u> <u>Marianna, Florida 32446</u>	Address:	<u>2918 Pennsylvania</u> <u>Avenue Suite E</u> <u>Marianna, Florida 32446</u>

Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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SECRETARY OF STATE
PALM BEACH, FLORIDA

13 NOV 26 PM 2:52

APPROVED
AND
FILED

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: Jafria Wooden

Address: 2918 Pennsylvania Avenue
Marianna, Florida 32446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jafria Wooden

Address: 2918 Pennsylvania Avenue
Marianna, Florida 32446

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

Jafria Wooden
Required Signature of Registered Agent

11/26/13
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.

Jafria Wooden
Required Signature of Incorporator

11/26/13
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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