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COVER LETTER

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

SUBJECT: Lady's Freedom Ride 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:	Rebecca Prince		
	Name (Printed or typed)		
	11175 Linden Dr.		

Address

Springhill, Fl. 34609

City, State & Zip

352-293-1413

Daytime Telephone number

rapprince@att.net

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 The name of the	NAME corporation shall be: Lady's Freed	om Ride	INC.		
ARTICLE II	PRINCIPAL OFFICE	,			
1117	Principal <u>street</u> address: 5 Linden Dr.		Mailing address, if different is:		
Spi	inghill, fl 34609				
ARTICLE III	PURPOSE		alo to the femily's more s		
	which the corporation is organized is: to en of the ones fighting the				
in a 24 hr	hot line to help guide ther	n to the he	elp they need, whether it	be	to get
money to	pay bills, clean house, day	y care exc.	we will also be providing	gad	enter
for the far	nily's to come and let the ki	ds work ou	t their frustrations trough	art,	dance,
music ec	t.We are working with the	Breast Ca	ncer Foundation to get the	nis s	tarted
in our cor	mmunity.		Control of the Contro		
ARTICLE IV	MANNER OF ELECTION The ma	onner in which the	directors are elected and appointed: VO	lunte	eer
	INITIAL OFFICERS AND/OR DIF	Name and Title:	Terri Kirchner Vice President 13618 Stacey Dr.	-	
Address	Springhill, Fl.34609	Address:	Hudson, Fl.34667		
Name and Title:	12765 Linden Dr	Name and Title:	Peg Cushman St. of Arms 18028 Normandeau St Springhill, Fl 34610	D	
Name and Title	•			14 FEB 13 AM	SLURE FARY OF CORP

Name and Title:_		Name and Title:	
Address		Address:	_
_			

Name and Title:		Name and Title:	
Address		Address:	_
			
_			
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acce	eptable) of the registered agent is:	
Name:	Rebecca Prince		14 Is
Address:	11175 Linden Dr.		SECRE!
	Springhill, Fl. 34609		— SET:
4 D. W. C. J. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W	TAKAN DAN A MAR		ILEB STATE RY OF STATE CORPORATIONS
The name and add	INCORPORATOR Iress of the Incorporator is:		:2
Name:	Rebecca Prince		2
Address:	11175 Linden Dr.		
	Springhill, Fl. 34609		
Having been nam	ed as registered agent to accept service	of process for the above stated corporation at the pla	ce designated in this
		as registered agent and agree to act in this capacity	
Refrecco	A (Faire	1-13.	-14
	Required Signature of Registered	d Agent Date	e
	ment and affirm that the facts stated her of State constitutes a third degree felony	rein are true. I am aware that any false information sub y as provided for in s.817.155, F.S.	mitted in a document
PI	1 (2)		2 ~ 14
Aurco	Required Signature of Inco	orporator Da	te