

N14000004066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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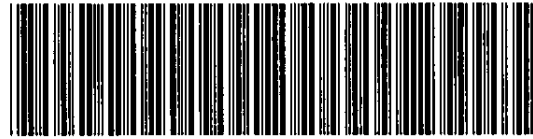
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: World Changing Women 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: World Changing Women Inc.
Name (Printed or typed)

3097 Merchants Row Blvd
Address

Tallahassee, FL 32311
City, State & Zip

254-371-3074
Daytime Telephone number

WCwomeninc@gmail.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: World Changing Women Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3097 Merchants Row Blvd
Tallahassee, FL 32311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to help girls gain academic excellence, prepare them mentally and to give them the skills and foundation to establish long lasting friendships. Also to equip girls with the necessary skills to have a successful career. To train them to give back to the community through contributing their time and service.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Through voting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alexius Williams President
Address: 3097 Merchants Row Blvd
Tallahassee FL 32311

Name and Title: Helena Gwiley - member
Address: 1085 Hutchinson Ferry Rd
Bainbridge GA 39819

Name and Title: Krystina Gavin Vice President
Address: 2812 Faringdon Dr
Tallahassee FL 32303

Name and Title: _____
Address: _____

Name and Title: Tiffany Under - Treasure
Address: 1979 Ann Arbor Ave
Tallahassee FL 32304

Name and Title: _____
Address: _____

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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:

Alexius Williams

Address:

3097 Merchants Row Blvd
Tallahassee FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Alexius Williams

Address:

3097 Merchants Row Blvd
Tallahassee FL 32311

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TALLAHASSEE, FLORIDA

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

Alexius Williams

Required Signature of Registered Agent

4/22/2014

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.

Alexius Williams

Required Signature of Incorporator

4/22/2014

Date