

N 14 00000 4410

Sandra Collins  
(Requestor's Name)

1567 Escadrille Dr.  
(Address)

Tallahassee, FL 32308  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

Handle Me With Care Dolls, Inc.  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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STATE OF FLORIDA  
TELEPHONE

14 MAY -8 PM 5:07

APPROVED  
FILED

1/1

## COVER LETTER

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

SUBJECT: Florida With Care Dolls, 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: Sandra Collins  
Name (Printed or typed)

1567 Escadrille Dr.  
Address

Tallahassee, FL 32308  
City, State & Zip

(850) 980-8768  
Daytime Telephone number

hondlewithcare@bellsouth.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: Handle Me With Care Dolls, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

521 1507 Escalante Dr.  
Tallahassee, Fl. 32308

Mailing address, if different is:

P.O. Box 16481  
Tallahassee, Fl.  
32317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Handle With Care dolls  
will collect baby dolls from local businesses & state  
-to distributions to victims of sexual violence  
and abuse from the around the state  
of Florida. and during holidays to  
give to girls around the state. Conferences

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Election  
9 vote or request to be removed.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: President Name and Title: V.P. Patricia Mock.

Address: Sandra Collins Address: 517 Holly Circle  
P.O. Box 16481 Quincy Fl.  
Tallahassee, Fl. 32317

Name and Title: Treasurer Deyra Barnes Name and Title: Marketing D. Nevaeh Ghaat  
Address: P.O. Box 16481 Address: 517 Holly Circle  
Tallahassee Fl 32317 Quincy, Fl.

Name and Title: Board Alternate Name and Title: \_\_\_\_\_  
Priscilla Robinson Address: \_\_\_\_\_  
Address: P.O. Box 16481 Address: \_\_\_\_\_  
Tallahassee, Fl. \_\_\_\_\_  
32317

14 MAY - 8 PM 5:08

APPROVED  
FILED

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

14 MAY - 8 PM 5:08

STATE OF FLORIDA

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: Sandra Collins

Address: 1567 Escadrille Dr.  
Tallahassee, FL 32317 Tallahassee, FL.  
32308

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sandra Collins

Address: P.O. Box 16481  
Tallahassee, FL 32317

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

Sandra Collins  
Required Signature of Registered Agent

05-08-14  
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.

Sandra Collins  
Required Signature of Incorporator

05-08-14  
Date