

N14000005090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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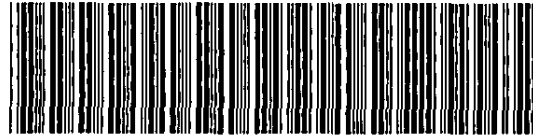
(Business Entity Name)

(Document Number)

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2014 MAY 30 AM 11:17

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 30 AM 11:24

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COVER LETTER

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

SUBJECT: Beauty For Ashes Evidence of Excellence, 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: Rosalind Robinson
Name (Printed or typed)

840 Medical Commons Ct
Address

Tall, Fl 32303
City, State & Zip

(850) 443-1252
Daytime Telephone number

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: Beauty For Ashes Evidence of Excellence, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

840 Medical Commons CT
Tall, Fl 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To enlighten the woman of God to give them a burst sonshine, To aid woman in the community who are living their life on broken pieces. to empower married, single, single-parent woman, and young girls to walk in the true beauty that God has placed within.

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

AS Stated in By-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Rosalind Robinson, President

Address:

840 Medical Commons ct
Tall, Fl 32303

Name and Title:

Sherika Duncan Vice President

Address:

P.O. Box 10557
Tall, Fl. 32302

Name and Title:

~~Sherika Neat~~ TRINA JACKSON, Treasurer

Address:

840 Medical Commons ct
Tall, Fl 32303

Name and Title:

Sabrina Mason Secretary

Address:

840 Medical Commons Ct
Tall, Fl. 32303

Name and Title:

Rev. Greg James Director

Address:

4401 Blountstown Hwy
Tallahassee, Fl 32315

Name and Title:

Kennon Brinson Director

Address:

840 Medical Commons ct
Tall, Fl. 32303

SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 MAY 30 AM 11:21

APPROVED
AND
FILED

Name and Title: LaneKa Barrington Name and Title: _____
Address: 840 Medical Commons Ct Address: _____
Tall, Fl. 32303

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: Minnie Bradshaw
Address: 2711 Farrington Drive
Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rosalind Robinson
Address: 840 Medical Commons Ct
Tall, FL 32303

SECTION OF STATE
TALLAHASSEE, FLORIDA

14 MAY 30 AM 11:24

APPROVED
FILED

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

Minnie Bradshaw

Required Signature of Registered Agent

5-30-14

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.

Rosalind Robinson

Required Signature of Incorporator

5-30-14

Date