

N/466606306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

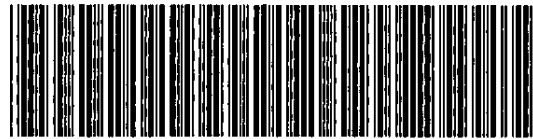
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JULY 2 2014

## COVER LETTER

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

SUBJECT: GLOW, 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: Sharon Richardson  
Name (Printed or typed)

241 Alba Avenue  
Address

Quincy, Florida 32351  
City, State & Zip

850-510-6440  
Daytime Telephone number

rsharon29@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: GLOW, INC.

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**ARTICLE II      PRINCIPAL OFFICE**

Principal street address:  
241 Alba Avenue

Mailing address, if different is:

Quincy, Florida 32351

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is: GLOW Incorporation is a non-profit organization, which specializes in girls outreach. Our mission is to empower every girl to live victorious and conquer every dream. GLOW Inc., is geared towards inspiring all girls to reach their goals, encourage family planning and adolescent pregnancy prevention.

**ARTICLE IV      MANNER OF ELECTION**

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

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

Name and Title: Sharon Richardson, President

Name and Title: Aa'Rikka Wilson, Vice President

Address: 241 Alba Ave  
Quincy, Florida 32351

Address: 502 N. 11th Street  
Quincy, Florida 32351

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

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

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

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

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

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

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

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

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

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

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\_\_\_\_\_  
\_\_\_\_\_

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: Sharon Richardson

Address: 241 Alba Avenue

Quincy, Florida 32351

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sharon Richardson

Address: 241 Alba Avenue

Quincy, Florida 32351

*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*

Sharon Richardson  
Required Signature of Registered Agent

07/01/2014  
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.*

Sharon Richardson  
Required Signature of Incorporator

07/01/2014  
Date