

17/4000006465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

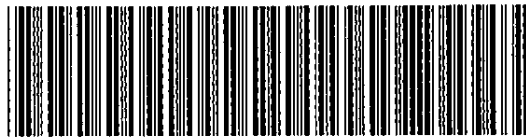
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2014 JUL 10 PM 1:02

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ATTACHED  
AND  
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**COVER LETTER**

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

SUBJECT: FLY for girls, 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: Kortney Clinton  
Name (Printed or typed)

P. O Box 332  
Address

Lloyd, Florida 32337  
City, State & Zip

(950) 591-0475  
Daytime Telephone number

Kortney. Clinton@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: FLY for girls, inc.

SECRETARY  
STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

P.O. Box 332 87 Lloyd Subdivision Rd.

Mailing address, if different is:

Lloyd, Fl 32337

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: educate, mentor and empower young girls to soar in life, reach their maximum potential and achieve goals. FLY for girls provide educational, spiritual, social, intellectual, physical, emotional and cultural support for young girls.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The directors were appointed by the Founder Kortney Clinton.

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

Name and Title:	<u>Kortney Clinton</u> <u>Founder / Director</u>	Name and Title:	<u>Jasmin Stephens / <del>Program</del> Director</u>
Address	<u>P.O. Box 332</u> <u>Lloyd, Fl 32337</u>	Address:	<u>2749 Pelan Rd.</u> <u>Apt. 207</u> <u>Tallahassee, Fl 32308</u>
Name and Title:	<u>Kiahdrea Nelson / <del>volunteer</del> Director</u>	Name and Title:	<u>Aramis Fain / <del>communication</del> Director</u>
Address	<u>13626 Capitola Rd.</u> <u>Tallahassee, Fl 32317</u>	Address:	<u>1112 S. magnolia drive</u> <u>Apt. C207</u> <u>Tallahassee, Fl</u>
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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

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

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kortney Clinton

Address: 87 Lloyd Subdivision Rd  
Lloyd, FL 32337


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kortney Clinton

Address: P.O. Box 882  
Lloyd, FL 32337

*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*

  
Required Signature of Registered Agent

7/10/2014  
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.*

  
Required Signature of Incorporator

7/10/2014  
Date