

N1400009003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

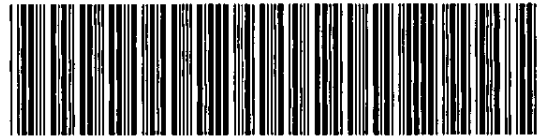
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SEP 29 2014

S. GILBERT

COVER LETTER

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

SUBJECT: WORLD CHILDREN HOSTING, 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: Sabrina Dickenson
Name (Printed or typed)

626 WHITE CRANE COURT
Address

CHULUOTA, FL 32766
City, State & Zip

321-765-4319
Daytime Telephone number

SABRINA_DICKENSON@HOTMAIL.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 CHILDREN HOSTING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
626 WHITE CRANE COURT
CHULUOTA, FL 32766

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: International child hosting and advocacy.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
as provided in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sabrina Dickenson, Director

Address: 626 WHITE CRANE COURT
CHULUOTA, FL 32766

Name and Title: Hunterann Booth, Member

Address: 4152 MERIDIAN STREET
BELLINGHAM, WA 98226

Name and Title: Shari Eischens, Member

Address: 3859 HIDDEN ACRES CIRCLE SOUTH
NORTH FORT MYERS, FL 33903

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Sabrina Dickenson
Address: 626 WHITE CRANE COURT
CHULUOTA, FL 32766

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sabrina Dickenson
Address: 626 WHITE CRANE COURT
CHULUOTA, FL 32766

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

Sabrina Dickenson

Required Signature of Registered Agent

9/26/2014

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.

Sabrina Dickenson

Required Signature of Incorporator

9/26/2014

Date