

N14 000009357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

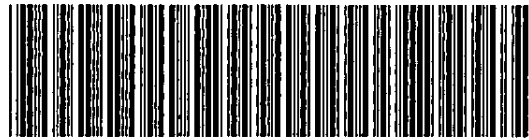
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**CCS 10/8/14
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 OCT -6 PM 2:29

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COVER LETTER

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

SUBJECT: Lorenzo & Jovita Williams Family Foundation, 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: Jovita Johnson Williams
Name (Printed or typed)

7901 Saddlebrook Drive
Address

Port St. Lucie, FL 34986-3114
City, State & Zip

772-461-6987
Daytime Telephone number

jovwms@aol.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: Lorenzo & Jovita Williams Family Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7901 Saddlebrook Drive
Port St. Lucie, FL 34986-3114

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To enrich the dignity and quality of life for individuals, families and communities by eliminating financial barriers and giving them the opportunity to succeed through all lawful and/or charitable means.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
Directors and officers will be appointed by Lorenzo Williams and Jovita Williams.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lorenzo Williams, Vice President
Address: 7901 Saddlebrook Drive
Port St. Lucie, FL 34986-3114

Name and Title: Jovita Williams, President
Address: 7901 Saddlebrook Drive
Port St. Lucie, FL 34986-3114

Name and Title: Amar Williams, Treasurer
Address: 7901 Saddlebrook Drive
Port St. Lucie, FL 34986-3114

Name and Title: Rashondia Williams Gaines, 2nd Vice President
Address: 3346 Lakeside Drive
Davie, FL 33328

Name and Title: Ayanna Williams, Secretary
Address: 1121 E. Moyamensing Ave.
Philadelphia, PA 19147

Name and Title: Akeem Williams, Parliamentarian
Address: 526 N.W. 21 Avenue, Apt. 32
Portland, OR 97209

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 OCT -5 PM 2:30

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: Amar Williams

Address: 221 S.E. Osceola Street

Stuart, FL 34994

ARTICLE VII INCORPORATOR

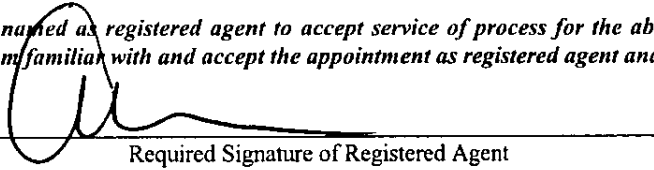
The name and address of the Incorporator is:

Name: Jovita Williams

Address: 7901 Saddlebrook Drive

Port St. Lucie, FL 34986-3114

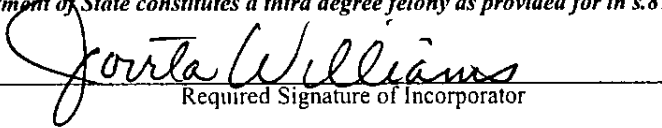
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

10-1-14
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.



Required Signature of Incorporator

10-1-2014
Date