

N A 000009484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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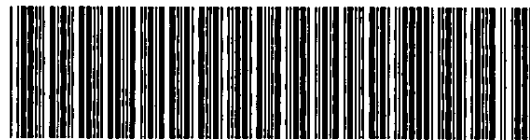
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(Business Entity Name)

(Document Number)

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14 OCT -8 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Women of Purpose & Testing Incorporated
(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: Chrissy Robinson
Name (Printed or typed)

5001 SW 20th St. Apt. 7203
Address

Ocala, FL 34474
City, State & Zip

(352) 304-3908c / (352) 509-4223 h
Daytime Telephone number

womenofpandd@yahoo.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: Women of Purpose & Destiny Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5001 SW 20th St. Apt. 7203

Ocala, FL 34474

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Every woman has a purpose and a destiny to fulfill. The women's organization was organized to help hurting women and to encourage women to reach for their purpose and destiny in life. Women of Purpose & Destiny was designed to help women reach their full potential and it also celebrates the talents and experiences that are within each woman. The organization was formed to help women of all walks of life overcome their situations and fulfill their dreams by helping them see their purpose.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chrissy Robinson / Founder Name and Title: _____

Address: 5001 SW 20th St. Apt. 7203 Address: _____
Ocala, FL 34474

Name and Title: Aploris Vickers / Vice President Name and Title: _____

Address: 2905 SW 15th St. Address: _____
Ocala, FL 34474

Name and Title: Desirae Williams / Secretary Name and Title: _____

Address: 2647 SW 33rd Ave. Apt. 804 Address: _____
Ocala, FL 34474

SECRETARY
FILED
14 OCT -8 AM 11:04
Ocala, FL

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: Chrissy Robinson

Address: 5001 SW 20th St. Apt. 7203
Ocala, FL 34474

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

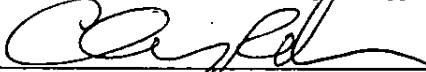
Name: Chrissy Robinson

Address: 5001 SW 20th St. Apt. 7203
Ocala, FL 34474

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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

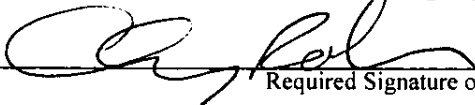


Required Signature of Registered Agent

10/6/14

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

10/6/14

Date