

NS00000323

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: P.O.L.I.S.H.E.D Mindset, 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: Shaundrea' B. Graham
Name (Printed or typed)

918 Cascades Park Trail
Address

Deland, Fl. 32720
City, State & Zip

(386) 682 - 1918
Daytime Telephone number

shaundrea.graham@gmail.
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:

P.O.L.I.S.H.E.D. Mindset, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

918 Cascades Park Trail

Deland, Fl. 32720

Mailing address, if different is:

P.O. Box 3423

Deland, Fl. 32720

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Said organization is organized exclusively

for charitable, religious, educational, and scientific purposes, including,

for such purposes, the making of distributions to organizations that

qualify as exempt organizations under section 501(c)(3) of the Internal

Revenue Code or the corresponding section of any future federal tax

code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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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TALLAHASSEE FLORIDA

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: Shaundrea' B. Graham
Address: 918 Cascades Park Trail
Deland, Fl. 32720

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shaundrea' B. Graham
Address: 918 Cascades Park Trail
Deland, Fl. 32720

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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

Shaundrea' B. Graham

Required Signature of Registered Agent

1/7/14

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.

Shaundrea' B. Graham

Required Signature of Incorporator

1/7/14

Date