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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: Inner-Scars organization 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: Cheryl Dennis  
Name (Printed or typed)

5501 CLARA CONA Pointe way  
Address

Orlando, FL APT 621, 32810  
City, State & Zip

215 254-0358  
Daytime Telephone number

innerSCARS @ Gmail.com 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: Inner-SCARS organization inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

5501 CLARA CONA Pointe way  
APT 621  
Orlando FL 32810

Mailing address, if different is:

5501 CLARA CONA Pointe way  
APT 621  
Orlando, FL 32810

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Domestic violence, Child Abuse

This organization is geared towards victims of  
domestic violence, Abuse (sexual Physical, mental  
Verbal ect.

We Also caters for young children who have low  
Self esteem and Those who have inner scars,  
homelessness, Elderly care.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: I Cheryl  
Dennis Appointed Each individual in their Prospective  
Positions

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

Name and Title:

Cheryl Dennis - PD-T

Name and Title:

Address

5501 CLARA CONA Pointe way  
APT 621  
Orlando, FL 32810

Address:

Name and Title:

Brian Eliacin - VPDT

Name and Title:

Address

5501 CLARA CONA Pointe way  
APT 621  
Orlando FL 32810

Address:

Name and Title:

Dasha Brown STD

Name and Title:

Address

4345 NW 69th Ave  
Lauderhill, FL  
33319

Address:

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

15 FEB - 9 AM 3:50

FILED

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: Cheryl Dennis

Address: 5501 Clemencia Pointe Way  
Apt 621, Orlando, FL 32810

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cheryl Dennis

Address: 5501 Clemencia Pointe Way  
Apt 621, Orlando, FL 32810

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

Cheryl Dennis  
Required Signature of Registered Agent

2/3/15  
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.

Cheryl Dennis  
Required Signature of Incorporator

2/3/15  
Date

15 FEB 9 AM 8:50  
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STATE  
TALLAHASSEE  
FLORIDA