

N1500000-K157

(Requestor's Name)

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04/15/15--01018--008 **78.75

15 MAY -1 PM 12:02
CLERK OF COURT

W15-27171

MD 5/4

COVER LETTER

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

SUBJECT: Pearls of the Emerald Coast, 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: Angie Onianwa
Name (Printed or typed)

2847 Jack Nicklaus Way
Address

Shalimar, FL 32579
City, State & Zip

850-651-4878
Daytime Telephone number

sooladies@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2015

ANGIE ONIANWA
2847 JACK NICKLAUS WAY
SHALIMAR, FL 32579

SUBJECT: PEARLS OF THE EMERALD COAST, INC.
Ref. Number: W15000027171

We have received your document for PEARLS OF THE EMERALD COAST, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 615A00007777

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

Pearls of the Emerald Coast, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2847 Jack Nicklaus Way

Shalimar, FL 32579

Mailing address, if different is:
P.O. Box 2702

Fort Walton Beach, FL 32549

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ARTICLE III PURPOSE

exclusively for educational and charitable

The purpose for which the corporation is organized is:

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. No part of the net earning of Pearls of the Emerald Coast, Inc

inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons,

except that the corporation shall be authorized and empowered to pay reasonable compensation for

services rendered and to make payments and distributions in furtherance of the purposes set forth in

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ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

are elected bi-annually by member majority vote.

~~Officers~~ Directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ms. MiChele Stevenson-President

Name and Title:

Address: P.O. Box 478

Address:

Shalimar, FL 32579

Name and Title: Dr. Cheryl Seals - Secretary

Name and Title:

Address: 190 Conquest Ave

Address:

Crestview, FL 32579

Name and Title: Dr. Lois Lunderman-Treasurer

Name and Title:

Address: 211 Mooney Rd.

Address:

Fort Walton Beach, FL 32547

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: Lois Lunderman

Address: 211 Mooney Rd.

Fort Walton Beach, FL 32547

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DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angie Onianwa

Address: 2847 Jack Nicklaus Way

Shalimar, FL 32579

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

Lois Lunderman
Required Signature of Registered Agent

4/2/15
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.

Angie Onianwa
Required Signature of Incorporator

4/2/15
Date