

N-1500004755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

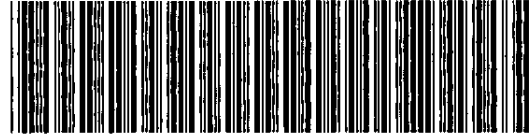
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 11 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Women Of Excellence 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:

LaShunda T. Reaves

Name (Printed or typed)

2527 68th Avenue South

Address

St. Petersburg, FL 33712

City, State & Zip

(727) 276-4154

Daytime Telephone number

Womenofexcellence1128@gmail.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 Excellence Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

2527 68th Avenue South
St. Petersburg, Fl 33712

Mailing address, if different is:

2527 68th Avenue South
St. Petersburg, Fl 33712

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TREASURER OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To guide young females to excellence
through mentoring, visions, testimonies. Grades 6-12th.
Taking an oath to save our young females.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

hashunda T. Beaves

Address

2527 68th Avenue South
St. Petersburg, Fl 33712
(President)

Name and Title:

Rhonda Jackson

Address:

4560 19th Avenue South
St. Petersburg, Fl 33711
(Treasurer)

Name and Title:

Kristy Evans

Address

5214 12th Avenue South
St. Petersburg, Fl 33707
(Vice President)

Name and Title:

Name and Title:

Marla Wade

Address

2328 14th Avenue South
St. Petersburg, Fl 33712
(Secretary)

Name and Title:

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:

Lashunda Reaves

Address:

2527 68th Avenue South

St. Petersburg, Fl 33712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Lashunda Reaves

Address:

2527 68th Avenue South

St. Petersburg, Fl 33712

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

Lashunda Reaves

Required Signature of Registered Agent

3/30/2015

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.

Lashunda Reaves

Required Signature of Incorporator

3/30/15

Date