

015000005282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

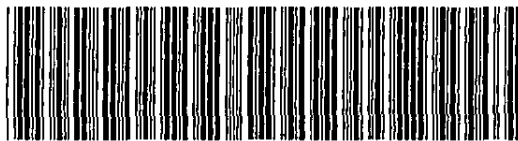
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WISARO 3383

MAY 28 2015

T. SCOTT



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05/04/15--01026--003 \*\*78.75

15 MAY 27 AM 9:01



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2015

SISTERS CAN YOU HEAR ME FOUNDATION/MINISTRY  
1125 ARLINGTON RD N  
JACKSONVILLE, FL 32211

SUBJECT: SISTERS CAN YOU HEAR ME FOUNDATION/MINISTRY  
Ref. Number: W15000033383

We have received your document for SISTERS CAN YOU HEAR ME FOUNDATION/MINISTRY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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 list officer or director address.,

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 215A00009876

## COVER LETTER

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

SUBJECT: Sisters Can You Hear me Foundation/Ministry  
(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: Sisters Can You Hear me foundation/Ministry  
Name (Printed or typed)

1125 Arlington Rd N  
Address

Jacksonville, FL 32211  
City, State & Zip

904 674-5115  
Daytime Telephone number

blackdiamond50@comcast.net  
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)

/ministry

**ARTICLE I NAME**

The name of the corporation shall be: Stokers Can you hear me foundation, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:

Mailing address, if different is:

1125 Arlington Rd  
Jacksonville, Fla  
32211

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: helping others, feeding  
& clothing the less fortunate Ministry

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

nominated by President

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

Name and Title:	<u>Deborah Williams - President</u>	Name and Title:	<u>Tara McDaniel, Director</u>
Address	<u>3571 Raymur Villa</u>	Address:	<u>1206 Westdale St</u>
	<u>Jacksonville, Fla</u>		<u>Jacksonville, FL</u>
	<u>32217</u>		<u>32211</u>

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

15 MAY 27 AM 9:01

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: Deborah Williams  
Address: 3511 Raymur Villa  
Jacksonville FL 32217

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Deborah Williams  
Address: 3511 Raymur Villa  
Jacksonville FL 32217

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5/26/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Deborah Williams  
Required Signature of Registered Agent

5/26/2015  
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.*

Deborah Williams  
Required Signature of Incorporator

5/26/2015  
Date