

N15000005954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200271804452

04/20/15--01024--003 **78.75

15 JUN 15 PM 2:39
RECEIVED
TALLAHASSEE, FLORIDA

1115-28613

cmd 6/17

COVER LETTER

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

SUBJECT: CARIB AMERICAN CHRISTAIN WOMEN COUNCIL ASSOCIATION 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: Doreen Adlam
Name (Printed or typed)

4001 sw rosser blvd
Address

port st lucie fl 34953
City, State & Zip

954-557-2227
Daytime Telephone number

judahworship1@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 23, 2015

DOREEN ADLAM
4001 SW ROSSER BLVD.
PORT ST. LUCIE, FL 34953

SUBJECT: CARIB AMERICAN CHRISTAIN WOMEN COUNCIL ASSOCIATION
INC
Ref. Number: W15000028613

We have received your document for CARIB AMERICAN CHRISTAIN WOMEN COUNCIL ASSOCIATION 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):

It appears that the word CHRISTAIN in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled CHRISTAIN. If you did not misspell this word intentionally, please correct the spelling to read CHRISTIAN and resubmit the document for processing.

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: 415A00008254

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

ARTICLE I NAME

The name of the corporation shall be: Carib American Christian Women Council Association INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4001 sw Rosser blvd

Port St Lucie Florida 34953

Mailing address, if different is:

15 JUN 15 PM 2:39
PORT ST LUCIE FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the purpose of this organization , for women leaders who have not the ability

to voice or speak, this is a movement to empower , teach , encourage young women leaders, how to be strong women

in the areas that needed strenghten. we will be able to motivate, and inspire women to anoter spiritual level

we are a christian base council, (we are not a church), we do believe in the holy traditions of the holy bible.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: elected by us

EXISTING BOARD

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Doreen Adlam/ 0

Address: 4001 sw rosser blvd
port st lucie florida 34953

Name and Title: Gloria Dickerson #3

Address: 1633 green circle drive
port st lucie florida 34952

Name and Title: charmaine muir/ director #1

Address: 5211 nw mayfield port st lucie
florida 34983

Name and Title: Lecia Francis #4

Address: 243 sw Glenwood dr
port st lucie florida 34984

Name and Title: Josephine Green #2

Address: 1301 sw Badcock ave
port st lucie florida 34953

Name and Title: _____

Address: _____

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: charmaine muir
Address: 5211 nw mayfield lane
port st lucie fl 34983

15 JUN 15 PM 2:39
DEPT. OF STATE
HALL OF RECORDS
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Doreen Adlam
Address: 4001 sw rosser blvd
port st lucie fl 34953

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/23/2015 (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

Charmaine Muir

Required Signature of Registered Agent

5/23/15
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.

Doreen Adlam

Required Signature of Incorporator

5/23/2015
Date