

N/15000006288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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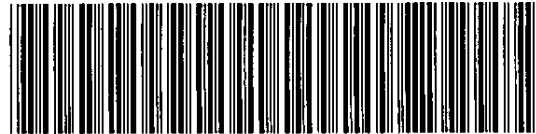
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
15 JUN 22 AM 9:46

06/29/15

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

Cultivating a Home, Inc.

SUBJECT: _____
(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: Rhonda Ellis

Name (Printed or typed)

15171 Cape Drive N.

Address

Jacksonville, FL 32226

City, State & Zip

904-838-3141

Daytime Telephone number

melodypholland@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: Cultivating A Home, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
15171 Cape Drive N.

Jacksonville, FL 32226

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to impact the hearts and home of women and their families for Christ through
teaching and mentoring in both life and spiritual needs. The Corporation is organized exclusively for charitable, religious,
educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an
exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal
tax code.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rhonda Ellis, President

Address: 15171 Cape Drive N.
Jacksonville, FL 32226

Name and Title: Stephanie Little, Director

Address: 2233 Timber Valley Drive
Pacific, Missouri 63069

Name and Title: Melody Holland, Director

Address: 5312 John Reynolds Drive
Jacksonville, FL 32277

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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DIVISION OF CORPORATIONS
15 JUN 22 AM 9:46

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: Rhonda Ellis
 Address: 15171 Cape Drive N.
 Jacksonville, FL 32226

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rhonda Ellis
 Address: 15171 Cape Drive N.
 Jacksonville, FL 32226

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

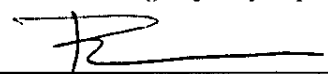
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

	6-18-2015
Required Signature of Registered Agent	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.

	6-18-2015
Required Signature of Incorporator	Date