

N/5000009/32

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
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✓ 09/22/15

## COVER LETTER

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

**SUBJECT:** Marion County Chapter of the Charmettes, 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:** Narvella A. Haynes

\_\_\_\_\_  
Name (Printed or typed)

P. O. Box 363

\_\_\_\_\_  
Address

Ocala, Florida 34478

\_\_\_\_\_  
City, State & Zip

(352)598-0205

\_\_\_\_\_  
Daytime Telephone number

Narvey51@embarqmail.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: Marion County Chapter of the Charmettes, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
Selena Favors

2201 NW 24th. Road

Ocala, Florida 34475

Mailing address, if different is:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Charmettes, Incorporated is a sisterhood of dedicated women committed to improving the quality of life within our communities through advocacy, education, service and support for cancer research.

upon by the body and serve a two year term and can serve no more than 2 consecutive terms

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

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

Name and Title:	<u>Narvella A. Haynes, President</u>	Name and Title:	<u>Almendrita Samuel, Treasurer</u>
Address	<u>P. O. Box 363</u>	Address:	<u>3535 S E 62nd. Street</u>
	<u>Ocala, Florida 34478</u>		<u>Ocala, Florida 34480</u>
	<u></u>		<u></u>
Name and Title:	<u>Alice Brown, Vice-President</u>	Name and Title:	<u></u>
Address	<u>11480 West Hwy 40</u>	Address:	<u></u>
	<u>Ocala, Florida 34482</u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u>Patricia Lake, Secretary</u>	Name and Title:	<u></u>
Address	<u>6635 SE 30th. Court</u>	Address:	<u></u>
	<u>Ocala, Florida 34480</u>		<u></u>
	<u></u>		<u></u>

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: Selena Favors

Address: 2201 N. W. 24th. Road

Ocala, Florida 34475

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Narvella A. Haynes

Address: P. O. Box 363

Ocala, Florida 34478

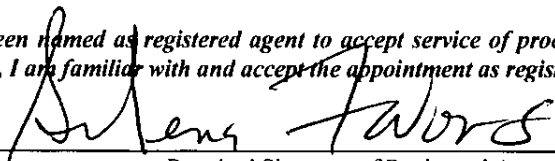
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 31, 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*

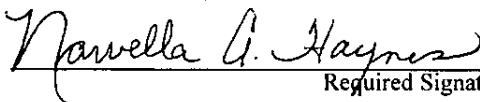


Required Signature of Registered Agent

8/31/15

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.*



Required Signature of Incorporator

8/31/15

Date

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