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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
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SECRETARY OF STATE TALLAHASSEE FLORIDA





COVER LETTER

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

Project Birth Center Pensacola, Inc.

850-324-5393

bellytocradle@gmail.com

SUBJECT:	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for :
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Amber Roman	(Printed or typed)	
	1518 6th Avenue	Address	
	Cantonment, Florida 32533		

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)



September 1, 2015

AMBER ROMAN 1518 6TH AVENUE CANTONMENT, FL 32533

SUBJECT: PROJECT BIRTH CENTER PENSACOLA, INC.

Ref. Number: W15000050431

We have received your document for PROJECT BIRTH CENTER PENSACOLA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Letter Number: 415A00015711

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

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



SECRETARY OF STATE Mailing address, if different is: martum care choices by tors are elected and appointed: psed).
artum care choices by tors are elected and appointed:
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,36 u).
Sabrina Hill, Treasurer
3708 Tiger Point Blvd.
Gulf Breeze, Florida 32563
Breena Bruni, Director-at-Large
107 Escalona Avenue
Pensacola, Florida 32503
Chris Dahinson, Comm. Diverton
Chric Honingon I omm I iirbeier
Chris Robinson, Comm. Director
829 Deedra Avenue Pensacola, Florida 32514

Name and Title:	·	Name and Title:		
Address	829 Deedra Avenue	Address:	AND	
,	Pensacola, Florida 32514		FILED	
•		*****	15 SEP 23 PM 2: 22	
•			SECRETARY OF STATE FALLAHASSEE, FLORIDA	
Name and Title:		Name and Title:	MILLAHASSEE, FI ORIDA	
Address		Address:	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·			
ARTICLE VI	REGISTERED AGENT			
The <u>name and F</u>	Florida street address (P.O. Box NOT accep	ptable) of the register	ed agent is:	
Name:	Amber Roman			
Address:	1518 6th Ave			
	Cantonment, Florida 32	533		
				
ARTICLE VII The name and a	INCORPORATOR address of the Incorporator is:			
Name:	Jennifer Chendea			
Address:	7915 Lancelot Drive			
	Pensacola, Florida 325	14		
ARTICLE VIII	EFFECTIVE DATE:			
	f other than the date of filing:	d cannot be more t	_ (OPTIONAL) nan five business days prior or 90 business	davs
after the filing.			• •	
	•		ng requirements, this date will not be listed	as the
document's effe	ctive date on the Department of State's reco	ords.		
			ove stated corporation at the place designa	ited in this
cerujicate, i am	familiar with and accept the appointment a	s registerea agent an		
	Striper Choma		09/11/2015	_
	Required Signature of Registered	Agent	Date	
	cument and affirm that the facts stated here int of State constitutes a third degree felony		re that any false information submitted in a 17.155 F.S.	documen
o me vepume	See July	m processes jor sie sie	09/11/2015	
	Required Signature of Incor	porator	Date	_