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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

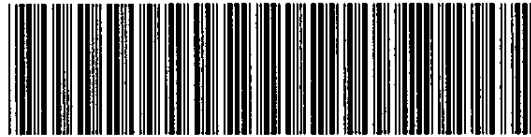
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: PEARL'S NON-PROFIT ORGANIZATION INCORPORATION
(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: PATRICIA WILLIAMS (Founder/President)
Name (Printed or typed)

5739 SPANISH POINT CT.

Address

PALMETTO, FLA.34221

City, State & Zip

(941)405-8272

Daytime Telephone number

pwil51@hotmail.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: PEARL'S NON-PROFIT ORGANIZATION INCORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address:
WILL BE ESTABLISH

Mailing address, if different is:
5739 SPANISH POINT CT.

PALMETTO, FLA 34221

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A Christian base Non-Profit organization which meets the spiritual, physical,
and emotional needs of others, also youth aging out of foster care and high risk youth, in addition children who are in social services

Through spiritual guidance, counseling, education, support and housing. Creating a sense of self worth and develop

life skills which makes them sufficient in society. Our staff catering to all culture background and regardless of ethnicity, race and genders

Motivational speaking, up lifting and inspire others to achieve there goals. Charitable, food and clothes distributions,

preparation of job opportunities and skills. Food banks open to the public, people who are in need.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: as stated

in the By-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANGEL WINDLEY

Name and Title: _____

Address 4207 2ND ST.

Address: _____

PALMETTO, FLA 34221

Name and Title: VINCENT T. WILLIAMS

Name and Title: _____

Address 237 SINCLAIR ROAD

Address: _____

LONDON E4 8PS

Name and Title: RUTH WATSON

Name and Title: _____

Address 5739 SPANISH POINT CT.

Address: _____

PALMETTO, FLA. 34221

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 NOV 18 PM 1:12

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: Patricia Williams

Address: 5739 Spanish Point CT.
Palmetto, FLA. 34221

ARTICLE VII INCORPORATOR

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

Name: Patricia Williams

Address: 5739 Spanish Point CT.
Palmetto, FLA. 34221

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TALLAHASSEE, FLORIDA

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

Patricia Williams

Required Signature of Registered Agent

July 3, 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.

Patricia Williams

Required Signature of Incorporator

July 3, 2015

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2015

PATRICIA WILLIAMS
5739 SPANISH POINT CT
PALMETTO, FL 34221

SUBJECT: PEARL'S NON-PROFIT ORGANIZATION INCORPORATION
Ref. Number: W15000047444

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 NOV 18 PM 1:12

We have received your document for PEARL'S NON-PROFIT ORGANIZATION INCORPORATION 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 615A00014814