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## COVER LETTER

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

SUBJECT: Divine Men 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: Robert Perryman II  
Name (Printed or typed)

8973 Nazareth Alice Dr.  
Address

Tallahassee, Fla. 32309  
City, State & Zip

(850) 544-8151  
Daytime Telephone number

Divinemencinc@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:

Divine Men Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8973 Nazareth Alice Dr.

Tallahassee, Fla.

32309

Mailing address, if different is:

8973 Nazareth Alice

Tallahassee, Fla.

32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mentoring group for boys between  
the ages of 6-18 To help young boy proceed toward  
the right path by providing experience, education, and  
exposure of life challenges they may face. contributing  
in all areas to help them succeed at becoming the best  
they can be.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: President

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Robert Perryman II

Name and Title:

Address

8973 Nazareth Alice Dr.

Address:

32309

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRET  
TALLAHASSEE, FLA.  
JAN 11 2015

16 JAN 11 PM 1:15

ARTICLE  
617  
617

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:

Robert Pernyman II

Address:

8973 Nazareth Alice Dr.  
Tall. Fla. 32309

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: \_\_\_\_\_

Robert Perryman II

Address:

8973 Nazareth Alice  
Tall, Fla. 32309

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*

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.*

Required Signature of Incorporator

Date \_\_\_\_\_