

N16000002444

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(Business Entity Name)

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COVER LETTER

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

SUBJECT: DIVAS, INC. of Florida
(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: Sheena Lewis
Name (Printed or typed)

3093 O'Brien Drive
Address

Tallahassee, FL. 32309
City, State & Zip

501.707.4504
Daytime Telephone number

sheena@divasinonline.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: DIVAS, INC. of Florida

16 MAR -8 AM 10:09

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3093 Obrien Drive

Tallahassee, FL. 32309

Mailing address, if different is:

P.O. Box 13701

Tallahassee, FL. 32317

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide leadership skills & promote volunteerism for girls.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Based on experience

according to Bylaws / Articles of Inc.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sheena Lewis (CEO/Founder)

Address: Tallahassee, FL. 32309

3093 Obrien DR.

President

Name and Title: Yolonda Cole

Address: Houston, TX. 77013

7681 Todd Lane

Secretary

Name and Title: Emma Kelley Rhodes

Address: Little Rock, AR. 72206

811 Wright Ave.

Director

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Sheena Lewis

Address: 3093 Obrien Drive
Tallahassee, FL.32309

ARTICLE VII INCORPORATOR

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

Name: Sheena Lewis

Address: 3093 Obrien Drive
Tallahassee, FL. 32309

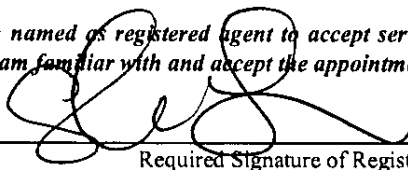
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 7, 2016 (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

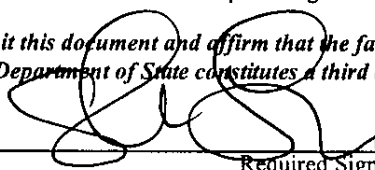


Required Signature of Registered Agent

3.7.16

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

3.7.16

Date