

NI60000003402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

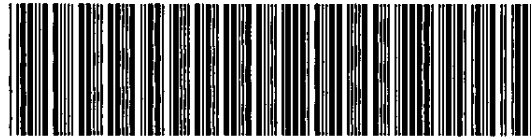
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600284067536

04/05/16--01001--010 \*\*75.00

TO ACHIEVE  
SUFFICIENCY OF FILING

16 APR -4 PM 4:22

RECEIVED

16 APR -4 PM 5:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

APR 04 2016  
T SCHROEDER

COVER LETTER

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

SUBJECT: Yep She Kan Network, 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: Felicia Jackson-Stanley  
Name (Printed or typed)

1509 Crown Ridge Rd.  
Address

Tallahassee, Fl. 32305  
City, State & Zip

(850)322-4725  
Daytime Telephone number

felicia@yepshekan.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:

Yep She Kan Network, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1509 Crown Ridge Rd  
Tallahassee, FL 32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To promote growth through female connections by conferences, community service, networking socials, and empowerment workshops.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As stated in Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Felicia Jackson-Stanley (CEO)

Address:

1509 Crown Ridge Rd  
Tall, FL 32305

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 APR -4 PM 5:04

APPROVED  
AND  
FILED

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:

Felicia Jackson-Stanley

Address:

1509 Crown Ridge Rd.  
Tallahassee, FL 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Felicia Jackson-Stanley

Address:

1509 Crown Ridge Rd.  
Tall, FL 32305

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/04/16 (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

Felicia Stanley  
Required Signature of Registered Agent

4/4/16  
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.

Felicia Stanley  
Required Signature of Incorporator

4/4/16  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 APR -4 PM 5:04

APPROVED  
AND  
FILED