

N16000003627

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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16 APR - 7 AM 11:36  
CLERK OF COURT  
ALLIANCE FLORIDA

W116-19270

MD 4/8

## COVER LETTER

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

SUBJECT: Crowns for Caps 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: Jessika E. Roach  
Name (Printed or typed)

P.O. Box 1553  
Address

Elfers Florida 34658  
City, State & Zip

727 - 421 - 8371  
Daytime Telephone number

Crownsforcaps@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2016

JESSIKA E. ROACH  
P.O. BOX 1553  
ELFERS, FL 34658

SUBJECT: CROWNS FOR CAPS INC.  
Ref. Number: W16000019270

We have received your document for CROWNS FOR CAPS INC. 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 416A00005296



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2016

JESSIKA E. ROACH  
1524 KISH BLVD.  
TRINITY, FL 34655

\*\*\*2ND MAILING\*\*\*

SUBJECT: CROWNS FOR CAPS INC.  
Ref. Number: W16000019270

We have received your document for CROWNS FOR CAPS INC. 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
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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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 416A00005296

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Crowns for Caps Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Jessika E. Roach

1524 Kish Blvd.

Trinity FL 34655

Mailing address, if different is:

Jessika E. Roach

P.O Box 1553

Elfers FL 34658

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide Scholarships to dental Hygiene Students.

This charity involves the dental community giving back and supporting dental Education. Most Students demographically fall 21-35 age / Single / Single parent / Rely Solely on Student loans. The Scholarships would help fund dental Hygiene Students with the Required Supplies they will need when entering into the dental Hygiene program. We want to help fund the Students, and give them the tools they need to be successful! Knowledge is power and we proudly support Education.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Jessika E. Roach <sup>Thank you.</sup>

Roach Elected Ryan Miklinski (Elected at Annual meeting)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Roach, Jessika E.

~~Account Manager~~ CEO

Address:

P.O. Box 1553

Elfers FL 34658

Name and Title: Miklinski, Ryan A.

~~Marketing~~ T

Address:

P.O Box 1553

Elfers FL 34658

Name and Title: N/A

Address:

Name and Title: N/A

Address:

Name and Title: N/A

Address:

Name and Title: N/A

Address:

Name and Title: N/A Name and Title: N/A

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: N/A Name and Title: N/A

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Jessika E Roach

Address: 1524 Kish Blvd  
Trinity FL, 34655

**ARTICLE VII INCORPORATOR**

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

Name: Jessika E Roach

Address: P.O Box 1553  
Elfers FL, 34658

FILED  
16 APR - 7 AM 11:36  
DEPARTMENT OF STATE  
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

[Signature]  
Required Signature of Registered Agent

3/2/16  
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.

[Signature]  
Required Signature of Incorporator

3/2/16  
Date