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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

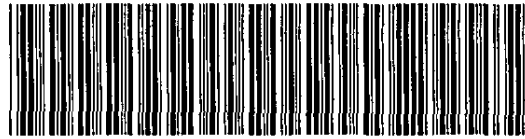
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APR 26 2016

T. SCOTT



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04/04/16--01038--009 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 25 AM 11:50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April, 15, 2016

SHERRI JONES
P.O. BOX 26262
JACKSONVILLE, FL 32226

SUBJECT: WOMEN UBITED AGAINST SEXUAL MOLESTATION (WUASM),
CORP.

Ref. Number: W16000026411

We have received your document for WOMEN UBITED AGAINST SEXUAL MOLESTATION (WUASM), CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 916A00007305

COVER LETTER

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

SUBJECT: Women United Against Sexual Molestation Corp.

(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: Sherri Jones
Name (Printed or typed)

P.O. Box 26262
Address

Jacksonville, FL 32226
City, State & Zip

904-288-1585
Daytime Telephone number

sherri.jones@wuasm.org

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: Women United Against Sexual Molestation () , Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
11011 Harts Rd, Apt 509

Jacksonville, FL 32218

Mailing address, if different is:
P.O. Box Box 26262

Jacksonville, FL 32226

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our mission is to bring light to the tragedies of sexual molestation and assault while uniting lives through healing, acceptance and moving forward past the demise.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Through Election.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sherri Jones () CEO

Address: 11011 Harts Rd #509
Jacksonville, FL 32218

Name and Title: Cleveland Thomas (Secretary)

Address: 11011 Harts Rd. #509
Jacksonville, FL 32218

Name and Title: Latia Jones Moore (Vice President)

Address: 10525 Monoco Drive #193
Jacksonville, FL 32218

Name and Title: Tiffany Seward (Treasurer)

Address: 1363 Haden Lane
Jacksonville, FL 32218

Name and Title: Everett Jones (Director)

Address: 1546 Croydon Street
Orlando, FL 32828

Name and Title: _____

Address: _____

16 APR 25 AM 11:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Sherri Jones
Address: 11011 Harts Road, #509
Jacksonville, FL 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sherri Jones
Address: 11011 Harts Road, #509
Jacksonville, FL 32218

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/25/2016 (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

x Sherri Jones
Required Signature of Registered Agent

x 3/14/16
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.

x Sherri Jones
Required Signature of Incorporator

x 3/14/16
Date