

N16000005492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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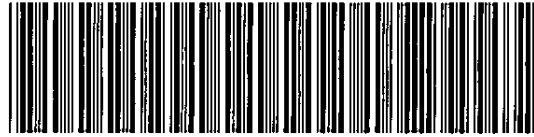
(Business Entity Name)

(Document Number)

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

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SECRET  
TALLAHASSEE, FLORIDA

16 JUN -2 AM 10:15

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16 JUN -2 AM 10:15

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06-02-16

## COVER LETTER

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

SUBJECT: Women's Life Line 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: JO ANN GUNN  
Name (Printed or typed)

1820 IVAN DR.  
Address

TALL FL. 32303  
City, State & Zip

850-576-3057  
Daytime Telephone number

bigmamaquinn@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: Women's Life Line Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1820 IVAN DR.  
Tallahassee FL 32303

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MINISTRY LADIES  
Religious Org.

16 JUL 1980  
TALLAHASSEE  
FILED

APPROVED  
FILED

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: NO

Appointed by founder

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAROLYN McCray Name and Title: Dir.

Address: 1820 IVAN DR Address: \_\_\_\_\_

Tallahassee FL 32303

Name and Title: JO ANN Gann Name and Title: MINISTRY Dir/Pastor

Address: 1820 IVAN DR. Address: \_\_\_\_\_

Tallahassee FL 32303

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ 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: JO ANN GUNN

Address: 1820 IVAN DR

TALLAHASSEE FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JO ANN GUNN

Address: 1820 IVAN DR.

TALLAHASSEE, Florida 32303

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6-2-16 (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*

Jo Ann Gunn  
Required Signature of Registered Agent

6-2-16  
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.*

Jo Ann Gunn  
Required Signature of Incorporator

6-2-16  
Date

SECRET  
STATE OF  
FLORIDA  
TALLAHASSEE

16 JUN -2 2016 15

APPROVED  
FILED