

N16000008232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

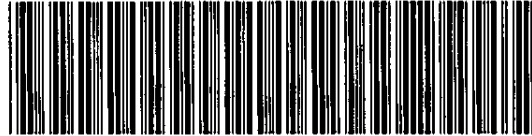
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 AUG -5 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TAM
8/22/16

COVER LETTER

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

SUBJECT: Operation Shower Power 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: Antoinette M DeForest
Name (Printed or typed)

PO Box 2256
Address

Pinellas Park FL 33780
City, State & Zip

727-851-8177
Daytime Telephone number

showerpowerpinellas@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: Operation Shower Power Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7995 63 ST
PINELLAS PARK, FL 33781

Mailing address, if different is:

PO Box 2256
PINELLAS PARK, FL 33780

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide showers, toiletries and clothing to persons in need.

We are strictly nonprofit Therefore neither director, agent nor officers will be compensated.

Dissolution of Assets - In the event of dissolving the corporation All moneys and assets will be donated to reputable charitable organization chosen by director and/or agent.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The director is the incorporator and appoints agent and officers

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Director Antonette M DeForest Name and Title: Agent Jannie Vargas

Address: PO Box 2256 Address: 1180 NE 204 ST
PINELLAS PARK, FL MIAMI, FL 33179
33780

Name and Title: Kelly Vilches Name and Title: _____

Address: 2405 Catherine St Address: _____
KISSIMMEE, FL 34741

SECRETARY OF STATE
FLORIDA

15 AUG -5 AM 9:00

FILED

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: Jonnie VARGAS

Address: 1180 NE 204 ST

Miami, FL 33179

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Antoinette M DeForest

Address: PO Box 2256

PineHills Park, FL 33780

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

Jonnie Vargas
Required Signature of Registered Agent

8/1/2016
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.

Antoinette M DeForest
Required Signature of Incorporator

7/28/2016
Date