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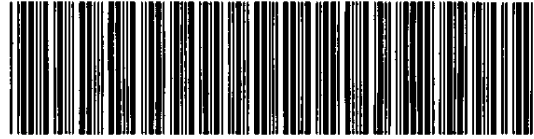
(Business Entity Name)

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TALLAHASSEE, FLORIDA
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COVER LETTER

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

SUBJECT: Women Encouraging Women I Am My Sisters Keeper, 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: Sheryl Dolphus

Name (Printed or typed)

914 Garden Street

Address

Kissimmee, FL 34743

City, State & Zip

(407) - 914 - 7907

Daytime Telephone number

Sheryldolphus@yahoo.com

E-mail address: (to be used for future annual report notification)

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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 Encouraging Women I Am My Sisters Keeper, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
914 Garden Street, Kissimmee, Fl. 34744

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For Women from all over to come together to encourage
each other in Christ Jesus, That we can make a difference and help each other through rough times in their life through encouraging.
word's and helping them to cope with life itself and to also help them to help others including their family and other Women.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Are By the President.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sheryl Dolphus -President

Address: 914 Garden Street
Kissimmee, Fl. 34744

Name and Title: _____

Address: _____

Name and Title: Deshama Varnado - Treasurer

Address: 918 Garden Street
Kissimmee, Fl. 34744

Name and Title: _____

Address: _____

Name and Title: Jazzmon Baker - Secretary

Address: 4433 Piedmont St.
Orlando, Fl. 32811

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA
16 AUG 17 PM 4:35

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: Sheryl Dolphus
Address: 914 Garden Street
Kissimmee, Fl. 34744

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ARTICLE VII INCORPORATOR

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

Name: Sheryl Dolphus
Address: 914 Garden Street
Kissimmee, Fl. 34744

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

Sheryl Dolphus
Required Signature of Registered Agent

8/15/2016
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.

Sheryl Dolphus
Required Signature of Incorporator

8/15/2016
Date