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DIVISION OF CORPORATION
2016 NOV 28 PM 2:15

11/29/16

COVER LETTER

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

SUBJECT: Diamonds In the Rough Foundation 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: Nichole Murph
Name (Printed or typed)

1336 Camellia Circle
Address

Weston, FL 33326
City, State & Zip

954-275-1662
Daytime Telephone number

DiamondInTheRoughInc@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: Diamonds In the Rough Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1336 Camellia Circle
Weston, FL 33326

Mailing address, if different is:

P.O. Box 268373
Weston, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help girls in the inner cities.

And provide educational resources, health, and growth development.
Create workshops for young mothers and also providing
financial assistance to those in need.

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

Registered Agent (Myself)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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DIVISION OF CORPORATION
2018 NOV 28 PM 2:15

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: Nichole Murph

Address: 1336 Camellia Circle
Weston, FL 33326

ARTICLE VII INCORPORATOR

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

Name: Nichole Murph

Address: 1336 Camellia Circle
Weston, FL 33326

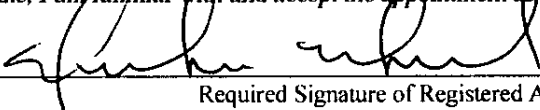
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

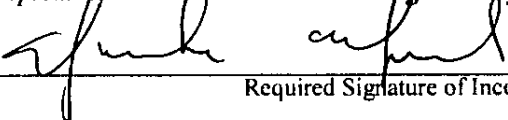
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

11/21/16
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.


Required Signature of Incorporator

11/21/16
Date

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