

N1700000 1592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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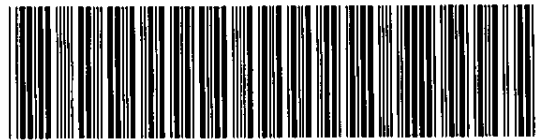
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FEB 14 2017

K. Brumbley

COVER LETTER

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

SUBJECT: **Project Little Miracles 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: **Ify Nwobi**

Name (Printed or typed)

4520 OLD CARRIAGE TRAIL

Address

OVIEDO, FL 32765

City, State & Zip

(407) 748-3470

Daytime Telephone number

ifydnwobi@yahoo.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: Project Little Miracles Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4520 OLD CARRIAGE TRAIL
OVIEDO, FL 32765

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to assist women who are undergoing cancer treatment.

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes,
including for such purposes, the making of distributions to organizations that qualify as an exempt
organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section
of any future federal tax code.

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

As set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ify Diana Nwobi, President
Address: 4520 OLD CARRIAGE TRAIL
OVIEDO, FL 32765

Name and Title: Maunda Land, Secretary
Address: 5703 RED BUG LAKE RD UNIT #175
WINTER SPRINGS FL 32708

Name and Title: Kia Loggins, Treasurer
Address: 5703 RED BUG LAKE RD UNIT #175
WINTER SPRINGS FL 32708

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 FEB 13 AM 8:52

FILED

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:

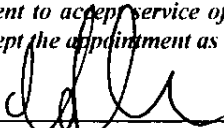
Name: Ify Diana Nwobi
Address: 4520 OLD CARRIAGE TRAIL
OVIEDO, FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ify Diana Nwobi
Address: 4520 OLD CARRIAGE TRAIL
OVIEDO, FL 32765

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

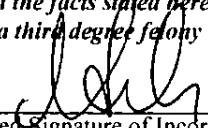


Required Signature of Registered Agent

2/9/17

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

2/9/17

Date