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COVER LETTER

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

SUBJECT: I Told Network, Corporation
(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: Ms. Cheryl N. Williams
Name (Printed or typed)

7548 N.E. 182nd Terrance
Address

Williston, FL 32696
City, State & Zip

(852) 226-2113
Daytime Telephone number

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: I Told Network, Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7548 NE 182nd Terrace
Williston, FL 32696

Mailing address, if different is:

P.O. Box 633
Williston, FL 32696

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said organization is organized exclusively charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations 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: The directors shall be elected by a majority vote of the members of this corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President: Cheryl N. Williams Name and Title: _____

Address: 7548 NE 182nd Terrace Address: _____
Williston, FL 32696

Registered Agent

Name and Title: Mr. Johnnie Jones Name and Title: _____

Address: 7548 N.E. 182nd Terrace Address: _____
Williston, FL 32696

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: Mr. Johnnie Jones

Address: 7548 NE. 182nd Terrace
Williston, FL 32696

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ms. Cheryl N. Williams

Address: 7548 N.E. 182nd Terrace
Williston, FL 32696

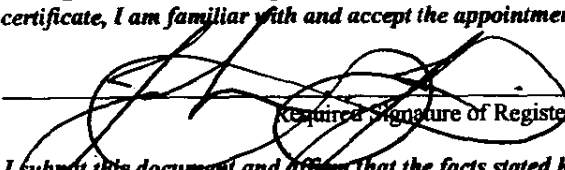
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/23/17 (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

1/23/17
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

1/23/17
Date