N17000002631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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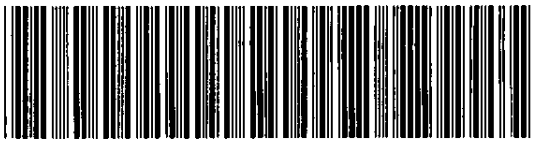

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COVER LETTER

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

SUBJECT: Angel Wingz Family Crisis Intervention Center 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR 10 PM 5:36

FROM: Wendy Gaye Strickland
Name (Printed or typed)

3219 Westgate Court
Address

Tallahassee, FL
City, State & Zip

850-800-7003
Daytime Telephone number

angelwingz165@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: Angel Wingz Family Crisis & Intervention Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

3219 Westgate Ct.
Tallahassee, FL
32304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to Provide Support to Victims and survivors of domestic violence, rape, trafficking, Sexual assault and any other situations dealing with the above mentioned Catastrophic issues.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: they are hand picked by the Executive Director/CEO of the company

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO Wendy G. Strickland
Address: 3219 Westgate Ct
Tallahassee, FL 32304

Name and Title: Vice President - Craig Beachem
Address: 3219 Westgate Ct
Tallahasser, FL 32304

Name and Title: 1st Vice Amanda Corker
Address: 3219 Westgate Ct
Tallahassee, FL 32304

Name and Title: Administrative Secretary Eureka Jenkins
Address: 1800 Keith St
Tallahassee, FL 32310

Name and Title: Equilla Caldwell
Address: Treasurer
3219 Westgate Ct
Tallahassee, FL 32304

Name and Title:
Address:

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17 MAR 10 PM 5:36

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Wendy Gay Strickland

Address: 3219 Westgate CT
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

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

Name: Wendy Gay Strickland2

Address: 3219 Westgate CT
Tallahassee FL 32304

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 10 2017 (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

Wendy Strickland — Required Signature of Registered Agent — 3/10/17 — 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.

Wendy Strickland — Required Signature of Incorporator — 3/10/17 — Date