

N17 000 006 811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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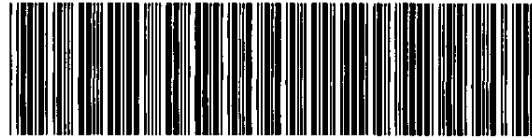
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 3 2017

COVER LETTER

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

SUBJECT: Don't Dis My Ability, 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: Chris Turner
Name (Printed or typed)

1305 E Robinson St
Address

Orlando FL 32801
City, State & Zip

407 796-2278
Daytime Telephone number

mswhector-delvalle@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



SCANNED

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Pon't Dis My Ability, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4854 S. Semoran Blvd

Apt 2202

Orlando, FL 32822

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The nonprofit corporation is
organized exclusively for charitable, religious,
education and scientific purpose, including, for
such purposes, the making of distributions to organizations
that are

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: They are
elected at the annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hector DelValle Name and Title: _____

Address: 4854 S. Semoran Blvd Address: _____

Apt 2202

Orlando, FL 32822

Name and Title: Lynette Maynard Name and Title: _____

Address: 4204 Tinky Terrace Address: _____

Sanford FL 32773

Name and Title: Jessie Coz Name and Title: _____

Address: 5149 Jack Brack Rd Address: _____

Saint Cloud, FL 34771

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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: Christopher Turner

Address: 1305 E Robinson St

Orlando FL 32801

ARTICLE VII INCORPORATOR

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

Name: Christopher Turner

Address: 1305 E Robinson St

Orlando FL 32801

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

CT

Required Signature of Registered Agent

6/23/17

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.

CT

Required Signature of Incorporator

6/23/17

Date