

N 770. 00009292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

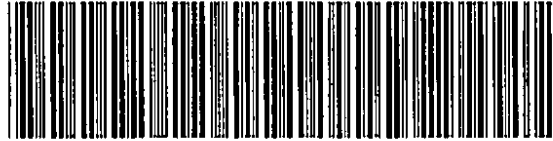
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/13/17--01028--001 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 SEP 13 AM 8:55

FILED

SEP 14 2017  
C Kinsey

**COVER LETTER**

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

SUBJECT: JUST AS I AM 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: JENIFER E MAHANNAH  
Name (Printed or typed)

36 CEDAR TREE TERR  
Address

OCALA, FL 34472  
City, State & Zip

352-364-2360  
Daytime Telephone number

EDENJENIFER@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: JUST AS I AM INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
36 CEDAR TREE TERR

Mailing address, if different is:  
\_\_\_\_\_

OCALA, FL 34472

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO HELP FAMILIES THAT HAVE CHILDREN WITH SPECIAL NEEDS  
FIND RESOURCES AND CONNECT WITH OTHER FAMILIES FOR SUPPORT. UPON DISSOLUTION OF THE  
CORPORATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OF MORE EXEMPT PURPOSES WITHIN THE MEANING  
OF SECTION 501(C)3 OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE  
FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL  
GOVERNMENT, FOR A PUBLIC PURPOSE.

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JENIFER MAHANNAH, PRESIDENT  
Address: 36 CEDAR TREE TERR  
OCALA, FL 34472

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: ZURAMI VALDES, VICE PRESIDENT  
Address: 9100 SW 27TH AVE, A22  
OCALA, FL 34476

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: MARIA ESTREMER, SEC/TREAS  
Address: 36 CEDAR TREE TERR  
OCALA, FL 34472

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**FILED**  
2017 SEP 13 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: JENIFER MAHANNAH  
Address: 36 CEDAR TREE TERR  
OCALA, FL 34472

**ARTICLE VII INCORPORATOR**

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

Name: JENIFER MAHANNAH  
Address: 36 CEDAR TREE TERR  
OCALA, FL 34472

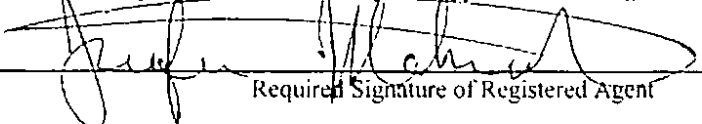
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/07/2017. (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.)

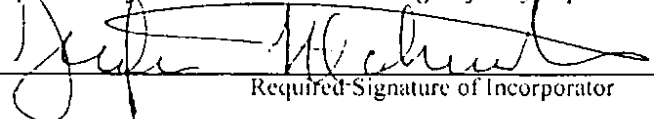
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

09/06/2017  
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

09/06/2017  
Date