

N 70 00009242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

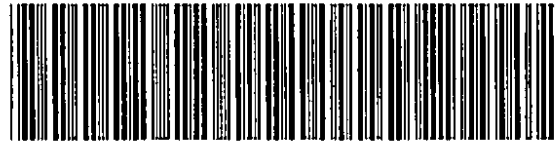
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

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

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

OCALA, FL 34472

Mailing address, if different is:

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: _____

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2017 SEP 13 AM 8:55
CLERK OF COURT
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

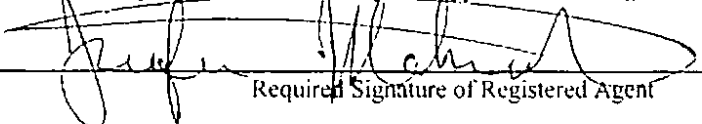
ARTICLE VIII EFFECTIVE DATE:

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

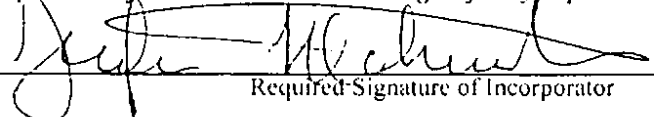


Required Signature of Registered Agent

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