

N/170000 11546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

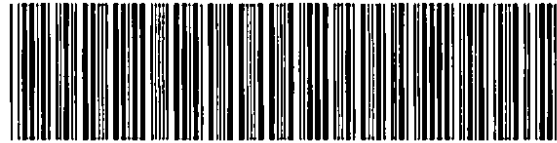
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J REYES
NOV 17 2017

17 NOV 17 PM 6:16
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Our Daily Ties, 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: LAUREN A. HILLARD
Name (Printed or typed)

9020 NE 8th Ave Apt 3H
Address

MIAMI FL 33138
City, State & Zip

410-916-6119
Daytime Telephone number

LAUREN.HILLARD@OUTLOOK.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: Our Daily Ties, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9020 NE 8th Ave Apt 3H
Miami Shores, FL 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DONATE BUSINESS CASUAL, SEMI CASUAL, ELECTRONICS, BEAUTY CARE, AND LIVING ESSENTIALS TO EXITING AGE MEN & WOMEN OF FOSTER HOMES / GROUP HOMES AND ARE COLLEGE BOUND INDIVIDUALS. SAID BENEFICIARIES SHALL MEET MINIMUM REQUIREMENTS TO BE ELIGIBLE FOR DONATIONS. GIFTED ON MERIT, & PERSONAL STATEMENTS. PURPOSE TO PROVIDE PROPER ATTIRE TO YOUNG ADULTS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: B.O.D
will be appointed based on prior work experiences, current community involvement & vision of organization

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

17 NOV 17 PM 6:16

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: LAUREN A. HILLARD

Address: 9070 NE 8th Ave Apt 3H

MIAMI SHORES, FL 33138

ARTICLE VII INCORPORATOR

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

Name: LAUREN A. HILLARD

Address: 9070 NE 8th Ave Apt 3H

MIAMI SHORES, FL 33138

17 NOV 17 PM 6:16
STATE
FALL AVE SECT 1 E 6610A

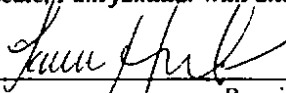
ARTICLE VIII EFFECTIVE DATE:

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.)

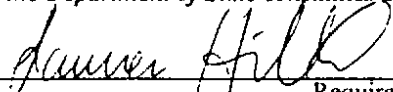
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

11/13/2017
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

11/13/2017
Date