

N17000012327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

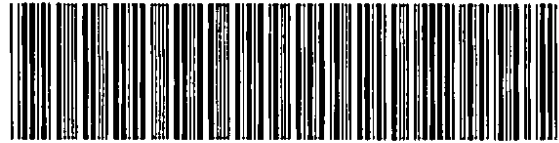
(Business Entity Name)

(Document Number)

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

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FILED  
2017 DEC 12 AM 11:15  
TALLAHASSEE, FL  
STATE OF FLORIDA

DEC 13 2017  
C Kinsey



November 26, 2017

Florida Department of State  
Division of Corporations  
Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314

Reg: Authorization to utilize a name similar/ same as a dissolved LLC.

To Whom It May Concern:

I Gwendolyn S. Richie was the sole member/ manager of Eagles with Broken Wings, LLC. The status of this company is now inactive. I have no intention to reinstate this company now or in the future. However, I would like to start a new not for profit corporation using the same name, Eagles with Broken Wings, Inc. Please be advised that I authorize the State of Florida to make this change. The document number for this company is L15000195953 filed on November 12, 2015.

As the sole incorporator of Eagles with Broken Wings, Inc and the sole interested party in the LLC, I hereby consent to the use of Eagles with Broken Wings for the not for profit filed herewith.

If you have any questions, please contact me at (754) 551-1262 or [Eagleswithbrokenwings@gmail.com](mailto:Eagleswithbrokenwings@gmail.com).

Respectfully,

Gwendolyn Richie  
President

## COVER LETTER

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

SUBJECT: EAGLES With Broken Wings, 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: Gwendolyn S. Richie  
Name (Printed or typed)

12300 SW 283 Street, Unit A  
Address

Homestead, FL 33033  
City, State & Zip

(754) 551-1262  
Daytime Telephone number

EAGLESwithbrokenwings@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: EAGLES with Broken wings, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

12300 SW 283 street  
Unit A  
Homestead, FL 33033

Mailing address, if different is:

(same)

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: please see attached mission  
statement for purpose

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

Manner of elected will be provided in by-laws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS** (please see attached Board members.)

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  
2017 DEC 12 AM 11:15  
STATE OF FLORIDA  
TALLAHASSEE COUNTY

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: Gwendolyn S. Richie

Address: 12300 SW 283 Street, Unit A  
Homestead, FL 33033

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gwendolyn S. Richie

Address: 12300 SW 283 Street Unit A  
Homestead, FL 33033

**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*

Gwendolyn Richie  
Required Signature of Registered Agent

November 26, 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.*

Gwendolyn Richie  
Required Signature of Incorporator

November 26, 2017  
Date



### **MISSION STATEMENT**

The mission of Eagles with Broken Wings is to provide support and empowerment to those who have been hurt and broken by life's challenges. Our mission is to prevent depression and thoughts of suicide by providing a confidential outlet, emotional guidance and a pathway for purpose. We will also work towards strengthening the mind back to its original state of greatness. Eagles with Broken Wings will offer resources and provide outreach services to those in crisis. (Homeless) We will support those in need to regain self esteem, rebuild a life of stability and return back to the community and any other lawful purpose in accordance with internal revenue code section (501c3)



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### **BOARD OF DIRECTORS**

**President**

Gwendolyn S. Richie  
12300 SW 283 Street, Unit A  
Homestead, FL 33033

**Vice President**

Pastor Esther B. Demery  
1213 N. 44 Street  
Miami, FL 33142

**Treasurer**

Duane Manor  
2400 Largo Drive  
Miramar, FL 33023

**Secretary**

Desiree McCord  
1213 N. 44 Street  
Miami, FL 33142

**Assist. Secretary**

Angela Davis  
9563 Weldone Circle, D415  
Tamarac, FL 33321