

N18000001223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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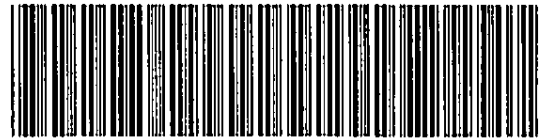
(Business Entity Name)

(Document Number)

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ALABAMA
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COVER LETTER

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

SUBJECT: Nedia Girls, 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: Mozella Malone
Name (Printed or typed)

5347 Colt Court
Address

Orlando, FL 32810
City, State & Zip

321-960-9460
Daytime Telephone number

mozellamalone@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: Nedi A Girls, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5347 Colt Court

Orlando, FL 32810

Mailing address, if different is

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CLERK OF CIRCUIT COURT
ALACHUA COUNTY, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide education and
Charitable assistance to teen and girls ranging from
ages 8 through 16. To provide mentor assistance,
fashion Shows to help build confidence, personal
development and youth empowerment workshops and
programs.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Future
directors will be appointed and elected by a self-perpetuating
board of directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mozella Malone
Founder/Executive Director
Address: 5347 Colt Court
Orlando, FL 32810

Name and Title: Danny Malone
Operations Manager
Address: 5347 Colt Court
Orlando, FL 32810

Name and Title: Aaron Robinson
Public Relations/Marketing
Address: 475 East Court Street
Suite 2113
Kankakee, IL 60901

Name and Title: Tocarra Eldridge-Robinson
Treasurer
Address: 475 East Court Street
Suite 2113
Kankakee, IL 60901

Name and Title: MaShaunda Wright
Secretary
Address: 3251 Roesch Blvd
Apt. 127
Fairfield, OH 45014

Name and Title: _____
Address: _____

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: Mozella Malone
Address: 5347 Colt Court
Orlando, FL 32810

ARTICLE VII INCORPORATOR

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

Name: Mozella Malone
Address: 5347 Colt Court
Orlando, FL 32810

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

Mozella Malone
Required Signature of Registered Agent

1/29/2018
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.

Mozella Malone
Required Signature of Incorporator

1/29/2018
Date