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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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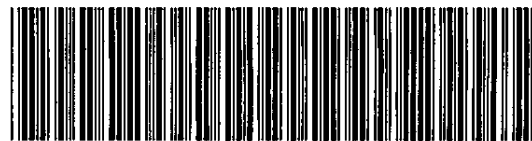
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

MAR 26 2018

COVER LETTER

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

SUBJECT: MY GUILD FOR MONOPARENTAUX & SKILLS, 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: PAULETTE BARTHELEUS
Name (Printed or typed)

3645 VALLEY FORGE DR
Address

TITUSVILLE, FL 32796
City, State & Zip

817 347 0699
Daytime Telephone number

bbsodrag89@aol.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: MY GUILD FOR MONOPARENTAUX & SKILLS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3645 VALLEY FORGE DR
TITUSVILLE, FL 32796

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To empower single parents and
Women to be self sufficient

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As mentioned in the by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAULETTE BARTHELME (CEO) Name and Title:

Address: 3645 VALLEY FORGE DR Address:

Titusville, FL 32796

Name and Title: Carole Crook (Secretary) Name and Title:

Address: 432 Cross Creek Pkwy Address:

WARNER ROBINS, GA 30088

Name and Title: VERNIQUE S. OFILI (Treasurer) Name and Title:

Address: 1675 Roswell Rd #238 Address:

MARIETTA, GA 30062

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name and Title: N/A 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: PAULETTE BARTHELUS

Address: 3645 Valley Forge Dr
TITUSVILLE, FL 32796

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAULETTE BARTHELUS

Address: 3645 VALLEY FORGE DR
TITUSVILLE, FL 32796

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: N/A (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

Paulette Barthelus
Required Signature of Registered Agent

3/8/18
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.

Paulette Barthelus
Required Signature of Incorporator

3/8/18
Date