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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ARK Foundation For Women, 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: Gillian Ellis

Name (Printed or typed)

P.O. Box 120387

Address

Clermont, FL 34712

City, State & Zip

407-963-0125

Daytime Telephone number

woobdine@hotmail.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: ARK Foundation For Women, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1242 Vineland Place

Lake Mary, FL 32746

Mailing address, if different is:

P.O. Box 120387

Clermont, FL 34712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized exclusively for charitable, religious and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law) including, for such purposes, but not limited to: preventing and eliminating emotional, financial, physical, sexual, spousal, and domestic violence abuse against women; providing resources and programs that provide support for women who have experienced any form of abuse; empowering abused women through leadership, advocacy, education, training, technical assistance, support, public policy and development.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gillian Ellis **D** Name and Title: _____

Address: P.O. Box 120387 Address: _____
Clermont, FL 34712

Name and Title: Labrea Woodbine **D** Name and Title: _____

Address: P.O. Box 120387 Address: _____
Clermont, FL 34712

Name and Title: Tiffany Biggs **D** Name and Title: _____

Address: P.O. Box 120387 Address: _____
Clermont, FL 34712

CLERK OF SUPERIOR COURT
HILLABRASSEE, FLORIDA

2018 JUN -4, PM 2:49

FILED

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: Gillian Ellis
Address: 1242 Vineland Place
Lake Mary, FL 32746

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gillian Ellis
Address: 1242 Vineland Place
Lake Mary, FL 32746

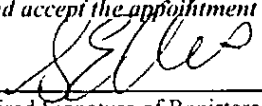
ARTICLE VIII EFFECTIVE DATE:

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.

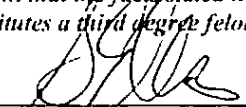
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

05/24/2018

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.


Required Signature of Incorporator

05/24/2018

Date