

018000007749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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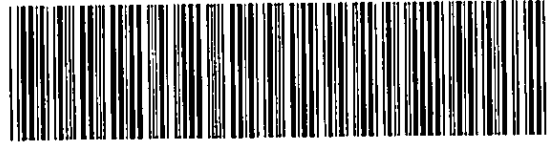
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JUL 17 2018

T. SCOTT



800313084818

05/11/18--01022--011 \$78.75

FILED  
2018 JUL 12 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 22, 2018

STEPHANIE CRENSHAW  
1116 TUSKEGEE STREET  
LEESBURG, FL 34748

SUBJECT: STEEL SISTAS MOTORCYCLE RIDING CLUB INC  
Ref. Number: W18000047291

We have received your document for STEEL SISTAS MOTORCYCLE RIDING CLUB INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 518A00010332

2018 JUL 12 PM 2:36  
CORPORATIONS  
COMMERCIAL  
SERVICES

## COVER LETTER

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

**SUBJECT:** STEEL SISTAS MOTORCYCLE RIDING CLUB 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:** STEPHANIE CRENSHAW  
\_\_\_\_\_  
Name (Printed or typed)

1116 TUSKEGEE STREET  
\_\_\_\_\_  
Address

LEESBURG, FLORIDA 34748  
\_\_\_\_\_  
City, State & Zip

407-770-7264  
\_\_\_\_\_  
Daytime Telephone number

STEELSISTAS@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: STEEL SISTAS motorcycle Riding Club Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1116 TUSKEGEE STREET  
LEESBURG, FLORIDA 34748

Mailing address, if different is:  
1116 TUSKEGEE STREET  
LEESBURG, FLORIDA 34748

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 JUL 12 AM 8:38

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, HEALTH, SAFETY AND WELLNESS  
PURPOSES WITHIN THE MEANING OF SECTION 501 (C)(3) OF THE INTERNAL REVENUE.

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: STEPHANIE CRENSHAW, VP  
Address: 1116 TUSKEGEE STREET  
LEESBURG, FL 34748

Name and Title: JANENE WATERS, TREASURER  
Address: 9257 SPIDER LILY LANE  
JACKSONVILLE, FLORIDA 32219

Name and Title: BARBARA HAWK, DIRECTOR  
Address: 2945 EGRETS LANDING DRIVE  
LAKE MARY, FLORIDA 32746

Name and Title: MELISSA COOPER, DIRECTOR  
Address: 238 ESPANOL ROAD  
BUNNEL, FLORIDA 32110

Name and Title: SHANTELL WILLIAMS, PRESIDENT  
Address: 2127 W. 25TH STREET  
SANFORD, FLORIDA 32771

Name and Title: TONI WASHINGTON, SECRETARY  
Address: 5561 BLUETICK DRIVE  
ORLANDO, FLORIDA 32810

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: STEPHANE CRENSHAW

Address: 1116 TUSKEGEE DRIVE  
LEESBURG, FL 34748

**ARTICLE VII INCORPORATOR**

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

Name: STEPHANIE CRENSHAW

Address: 1116 TUSKEGEE DRIVE  
LEESBURG, FL 34748

**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*

X \_\_\_\_\_  
Required Signature of Registered Agent

6/10/18  
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.*

X \_\_\_\_\_  
Required Signature of Incorporator

6/10/18  
Date