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SECRETARY OF STATE

## **COVER LETTER**

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

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

verenna Justina Kobinson Name (Printed or typed)

Jacksonville Fl 32254 City, State & Zip

904 - 414 - 1235

Daytime Telephone number

Serrenarobinson Oynail. 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: Voices OF	Transformation Incorporated
ARTICLE II PRINCIPAL OFFICE	
Principal <u>street</u> address:  2934 W. 11th Street	Mailing address, if different is:
Jacksonville, FL 32254	
My non-profit will offer alasse work attire Grammer Lessons, he	help ex-felons and at risk youth positive be able to function as productive citizens as in Typing, Customer Service, the propriate also will focus on positive libering. To be a second chance business the community.
ARTICLE IV MANNER OF ELECTION The manner is  ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	n which the directors are elected and appointed: Voting
Name and Title: Serenna Robinson - Pres Address 2934 W. 11th Street Tacksonville, FL32254	Name and Title: Royale Robinson - President Address: 2934 W. Uth Street
Name and Title: Martha Stanley - Treas Address 8038 Helston Drive Jackson ville, fl 32200	
Traine die Title	Name and Title:

N a and Titl	e:	Name and Title:	
Address		Address:	
ARTICLE VI REG	a street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Serenna Robinson 934 W. 11th Street	<del>-</del>	
Address: 3	9 34 W. 11th Street	<del></del>	<b>ವ</b>
Addresss	Jacksonville, FL 32254	_	19 NOV 25
ARTICLE VII INC	CORPORATOR		25 PH
The name and addre	ess of the Incorporator is:		PH 4: 00
Name:	Sevenna Robinson	<del></del>	00
Address:	2934 W. 11th Street		P .
	2934 W. 11th Street Jucksonville, Fl 3225	4_	•
ARTICLE VII <u>I</u> <u>E</u>	FFECTIVE DATE:	ANOITYON (OPTIONAL	ے)
Effective date, if other (If an effective date)	FFECTIVE DATE:  ner than the date of filing: 10-15-2  e is listed, the date must be specific and ca	nnot be more than five days	prior or 90 days after the
filing.)	serted in this block does not meet the applica	thle statutory filing requiremen	its, this date will not be listed as
the document's effe	ective date on the Department of State 3 recon-		
Having been name	d as registered agent to accept service of pro n fa <del>milias</del> with and accept the appointment a	cess for the above stated corporate stated corporate to the state of t	oration at the place designated in act in this capacity
this certificate, I an	was toleman		14 NON 2019
Selver	Required Signature/Registered Agent		Date
I submit this document to the D	ment and affirm that the facts stated herein epartment of State constitutes a third degree j	are true. I am aware that the	false information submitted in a 155, F.S.
			16 Nov 2019
Require	na Polimood d Signature/Incorporator		Date