

N20000000000002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

W19w511307

JAN 02 2020

T. SCOTT



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12/05/19--01022--010 \*\*78.75

STATE OF TEXAS  
COMPTROLLER OF PUBLIC ACCOUNTS  
RECEIVED

2019 DEC -5 AM 8:14

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2019

NEENA DOUGLAS FIGUEROA  
3471 WILSHIRE WAY ROAD  
ORLANDO, FL 32829

SUBJECT: HIS WISDOM HER GRACE, INC.  
Ref. Number: W19000111307

We have received your document for HIS WISDOM HER GRACE, 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 name of the entity and other information must be composed or comprised solely of letters, numerals, characters, or symbols found on a standard American or U.S. qwerty keyboard. Please amend the document accordingly.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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: 519A00026321

## COVER LETTER

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

**SUBJECT:** His Wisdom | Her Grace, 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:** Neena Douglas Figueroa, Ivelisse Douglas, Asha Douglas  
Name (Printed or typed)

3471 Wilshire Way Road

Address

Orlando, Florida 32829

City, State & Zip

475-223-3360, 407-970-7846

Daytime Telephone number

HisWisdomHerGrace@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: His Wisdom | Her Grace, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address:	Mailing address, if different is:
<u>3471 Wilshire Way Road</u>	<u>3471 Wilshire Way Road</u>
<u>Orlando, Florida 32829</u>	<u>Orlando, Florida 32829</u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A nonprofit organization affording educational and developmental resources to the community by providing Gods wisdom and grace through a variety of original handcrafted scriptural inspirations.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: His Wisdom | Her Grace, Inc. shall have a membership body for the strengthening of the capability of the organization to accomplish its cultural, religious, educational & other purposes. The initial membership shall be set out in the articles of Incorporation, and shall be regulated by the board of directors.

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

Name and Title: <u>Neena Douglas Figueroa chair</u>	Name and Title: <u>Asha Douglas, vice chair</u>
Address: <u>3471 WILSHIRE WAY ROAD</u> <u>ORLANDO, FL 32829</u>	Address: <u>12650 Synder street.</u> <u>Jacksonville, FL 32256</u>

Name and Title: <u>Ivelisse Douglas Dir. of Oper.</u>	Name and Title: <u>NADIA DOUGLAS SECRETARY &amp; TREASURY</u>
Address: <u>2956 AFTON CIRCLE</u> <u>ORLANDO, FL 32825</u>	Address: <u>3471 WILSHIRE WAY RD.</u> <u>ORLANDO, FL 32829</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

REC-11  
2020 DEC - 5 AM 8:11  
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: Neena Douglas Figueroa

Address: 3471 Wilshire Way Road  
Orlando, FL 32829

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ivelisse Douglas

Address: 2956 Afton Circle  
Orlando, FL 32825

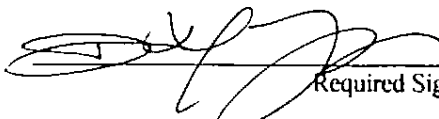
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12.2.2019 (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

12.2.2019  
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

12/2/2019  
Date