

N200 0000 0121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

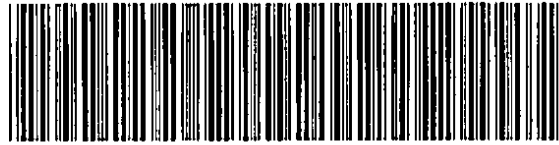
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF SUPERIOR COURT
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JAN 07 2020

COVER LETTER

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

SUBJECT: Vonnie's Haven Corporation

(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: Jovan Walkes

Name (Printed or typed)

4705 King Cole Blvd

Address

Orlando, FL 32811

City, State & Zip

407-353-7299

Daytime Telephone number

jovan.walkes@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: Vonnie's Haven Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5463 Micco Drive

Orlando, FL 32839

Mailing address, if different is:

4705 King Cole Blvd

Orlando, FL 32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a non-profit corporation and shall operate exclusively for educational and charitable purposes within the meaning of Section 501 (c)(3) of the Internal Revenue Code, or the corresponding section of any future Federal tax code. More specifically, Vonnie's Haven Corporation is dedicated to promoting the humanitarian efforts while improving the lives of individuals and families in the community, local, state, national and global level. By providing financial and material assistance, clothing, food, support groups and healthcare resources, we provide a safe and confidential environment to begin healing and to help seek purpose by bridging the gap for future dependency in any adverse situation one may be facing.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Jovan Walkes Founder, Chairman, CEO</u>	Name and Title:	<u>Kiomi Williams Vice-President</u>
Address	<u>4705 King Cole Blvd</u>	Address:	<u>4730 King Cole Blvd</u>
	<u>Orlando, FL 32811</u>		<u>Orlando, FL 32811</u>
Name and Title:	<u>Theresa Houston Director</u>	Name and Title:	<u>Jasinea Gray Associate Director</u>
Address	<u>5463 Micco Drive</u>	Address:	<u>4705 King Cole Blvd</u>
	<u>Orlando, FL 32839</u>		<u>Orlando, FL 32811</u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>

19 DEC 10 09:30

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: Jovan Walkes

Address: 4705 King Cole Blvd

Orlando, FL 32811

ARTICLE VII INCORPORATOR

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

Name: Jovan Walkes

Address: 4705 King Cole Blvd

Orlando, FL 32811

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2020 (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

12/06/2019

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

12/06/2019

Date