

N21000005962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICKUP

☐ WAIT

☐ MAIL

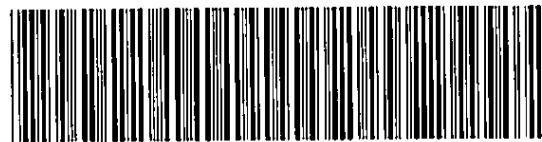
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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OFFICE OF THE STATE
CLERK OF THE COURT
TALLAHASSEE, FL

2021 MAY 19 AM 10:38

RECEIVED

05/20/21--01001--013 **78.75

TALLAHASSEE, FLORIDA

2021 MAY 19 PM 4:14

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

Ella's Day, Inc.

(Business Name)

Document #

☒ Walk in

☐ Pick up time _____

☐ Mail out

☐ Will wait

☐ Photocopy

☐ **Certified Copy**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit

☒ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL () _____

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

COVER LETTER

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

SUBJECT: Ella's Day, 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: Verdie M. Williams

Name (Printed or typed)

2893 W Sunrise Boulevard

Address

Fort Lauderdale, FL 33311

City, State & Zip

954-791-1701

Daytime Telephone number

jmcclsvs@gmail.com

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Ella's Day, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2893 West Sunrise Boulevard

Fort Lauderdale, FL 33311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The primary purpose of the non-profit is to pamper persons who are cancer survivors.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jessica E. Williams, Director

Name and Title: _____

Address: 2893 W Sunrise Boulevard
Fort Lauderdale, FL 33311

Address: _____

Name and Title: Christina Y. Williams, Treasurer

Name and Title: _____

Address: 2893 W Sunrise Boulevard
Fort Lauderdale, FL 33311

Address: _____

Name and Title: Mechelle A. Williams, Secretary

Name and Title: _____

Address: 2893 W Sunrise Boulevard
Fort Lauderdale, FL 33311

Address: _____

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: Jessica E. Williams
Address: 2893 W Sunrise Boulevard
Fort Lauderdale, FL 33311

2021 MAY 19 AM 10:39
SECTION OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Christina Y. Williams
Address: 2893 W Sunrise Boulevard
Fort Lauderdale, FL 33311

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 19, 2021. (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:

Jessica E Williams
Required Signature of Registered Agent

05/19/2021
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.

Williams
Required Signature of Incorporator

05/19/2021
Date