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(Re	questor's Name)			
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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D O'KEEFE JUL 2 4 2021

W21-76010

May 25, 2021

CRESENDRA SMITH 8150 WOODVINE CIRCLE LAKELAND, FL 33810

SUBJECT: GIRL2WOMAN INCORPORATED

Ref. Number: W21000076010

We have received your document for GIRL2WOMAN INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the enclosed application and return.

Please return 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.

Letter Number: 421A00011242

DANIEL L O'KEEFE Regulatory Specialist II ALIANT OF THE LEGISLA

251 (11) 14 PH 1:46

COVER LETTER

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

SUBJECT:	n Incorporated		
		RATE NAME – <u>MUST IN</u>	
Enclosed is an original a	and one (1) copy of the Artic	eles 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 CO	PY REQUIRED
FROM:	Cresendra Smith Name 8150 Woodvine circle	e (Printed or typed) Address	-
	Lakeland, Florida 33810		
	City, State & Zip		

727-316-1669

Neicy78@hotmail.com

NOTE: Please provide the original and one copy of the articles.

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

The name of the corporation shall be:	Jonan, Inboporated
ARTICLE II PRINCIPAL OFFICE	·
Principal <u>street</u> address: 8150 Wadvine Cirue	Mailing address, if different is:
Laiseland, Florida	33810
	Said Organization is organized
•	DIE, religious, Educational, and
•	ding for such purposes, the making
•	nizutions that quality as exempt
	- 50, LC)(3) of the Internal levenue
· ·	g Section of any tuture tederal tox
to individuals in the Community ARTICLEIV MANNER OF ELECTION The manner	brmed to provide human Aria Sound Service by with Special Emanasis on yours. mer in which the directors are elected and appointed:
Name and Title: James, Shutte aisa	Name and Title: Villie L. Watson - Board Secretary
Address \$150 Woodvine Greek	,
Lakeland, Florida	224
_33810	
Name and Title: Reid Angela - Bord Theasurer	
Address 1324 Swith Circle	
Lakeland, Fr. 33805	JUN 14
Name and Title:	Name and Title:
Address	
-	

Address: Name and Title: Name and Title: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ARTICLE VII EFFECTIVE DATE: Address: Address: ASS Woodwing Crule Address: Address: ARTICLE VII EFFECTIVE DATE: Address: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Note: If the date instend in this block does not meet the applicable statutory filling 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 uppointment as registered agent and agree to act in this capacity ARTICLE VIII EFFECTIVE DATE: ARTICLE VIII INCORPORATOR The name and address of the Incorporator ARTICLE VIII INCORPORATOR The name and address of the Incorporator ARTICLE VIII INCORPORATOR The name and address of the Incorporator ARTICLE VIII EFFECTIVE DATE: ARTICLE VII	Name and Title:	Name and Title:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Cresendara Smith Foundary CEO Address: 9150 Wandwine Grule Lalleland 1, Florida 33810 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Cresendara Smith, Foundary CEO Address: 9150 Wandwine Grule Lalleland, Florida 33810 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: Washington 1 of State constitutes a third degree felony as provided for in x817.155, F.S.	Address	Address:	
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ARTICLE VII REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Cresendre Smith, Foundtr & CEO Address: \$150 Woodwint Circle Lalklan d. Florida 33810 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Cresendre Smith, Foundtr & CEO Address: \$150 Woodwint Circle Lalklan & Florida 33810 ARTICLE VIII EFFECTIVE DATE: 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: Wescall Required Signature of Registered Agent 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.	Address	Address:	
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The name and address of the Incorporator is: Name: Cresconda Smith, Founder & Ceo Address: 8150 Woodwine Gree	LAILEIAN d. Flori	da 33813	LANCE AND
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Effective date, if other than the date of filing:			≫. ⊘
Required Signature of Registered Agent 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.	ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be sp Note: If the date inserted in this block does not me	. (OPTION ecific and cannot be more than five dates the applicable statutory filing requires	ys prior or 90 days after the filing.)
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Meaning Signature of Incorporator Required Signature of Incorporator Date	I submit this document and affirm that the facts stat	ed herein are true. I am aware that any f	pare
	Mesenge Signatura	of Incorporator	4/23/2021