

N21000011529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

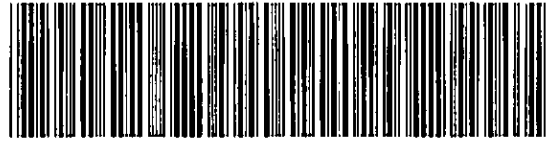
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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(Handwritten signature)

09/27/21--01028--009 **78.75

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 27 PM 10:15

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(Handwritten mark)

COVER LETTER

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

SUBJECT: SISTER QUEENS UNITED 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: SHAKERA QUINCE
Name (Printed or typed)

11143 SYCAMORE WOODS DRIVE

Address

ORLANDO, FL 32832

City, State & Zip

(561) 339-7215

Daytime Telephone number

Shakeraquince@knights.ucf.edu

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

SECRETARY OF STATE
TALLAHASSEE, FL

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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: SISTER QUEENS UNITED INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
11143 SYCAMORE WOODS DRIVE
ORLANDO, FL 32832

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
To encourage women to be involved in their communities while unlocking their potential. As we initiate programs that
are geared towards community outreach academic pursuits will excel, and it will promote the pursuit of fulfilling
individualistic values and the setting of long term goals.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shakera Quince/ President-CEO
Address: 11143 Sycamore Woods Drive
Orlando, FL 32832

Name and Title: Maurice Roberts/Vice President
Address: 11143 Sycamore Woods Drive
Orlando, FL 32832

Name and Title: Christi Thomas/ Board of Director
Address: 242 Wenonah Place
West Palm Beach, FL 33405

Name and Title: _____
Address: _____

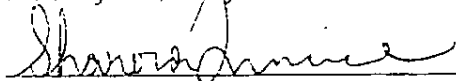
Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE, FL
SECRETARY OF STATE

not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

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

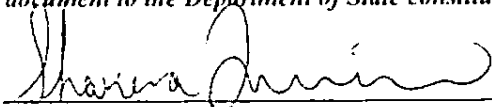


Required Signature of Registered Agent

9/22/2021

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.



Required Signature of Incorporator

9/22/2021

Date

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