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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

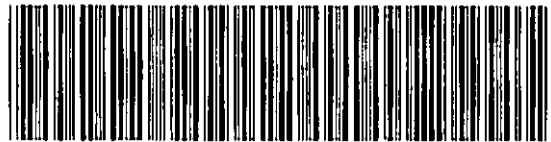
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COVER LETTER

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

SUBJECT: GUIDED DIRECTIONS 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: LOVETTE DOBSON

Name (Printed or typed)

17350 STATE HWY 249 #220

Address

HOUSTON, TX 77064

City, State & Zip

888-462-3453

Daytime Telephone number

EFILE1234@INCFIL.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 GUIDED DIRECTIONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

36024 SADDLE PALM WAY

36024 SADDLE PALM WAY,

ZEPHYRHILLS, FLORIDA 33541

ZEPHYRHILLS, FLORIDA 33541

PASCO

PASCO

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Group home for children

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Washington (DIRECTOR)

Name and Title: Davion Washington (DIRECTOR)

Address 36024 Saddle Palm Way,

Address: 36024 Saddle Palm Way,

Zephyrhills FL 33541

Zephyrhills FL 33541

Name and Title: Natayah Washington (DIRECTOR)

Name and Title: _____

Address 36024 Saddle Palm Way,

Address: _____

Zephyrhills FL 33541

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

22 JUN 25 9:41:43
CLERK

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: LEGALINC CORPORATE SERVICES INC.

Address: 5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LOVETTE DOBSON

Address: 17350 STATE HWY 249 #220

HOUSTON, TX 77064

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

Wesley Dolan
Required Signature of Registered Agent

01/17/2022

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.

Lovette Dobson
Required Signature of Incorporator

01/17/2022

Date