

NZZ0000011878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

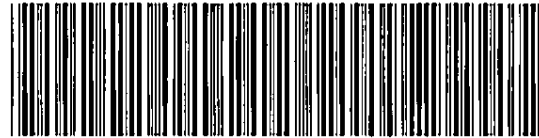
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/18/20 - 01002--029 **79.75

2022 OCT 13 PM 2:08
FILED
CLERK OF COURT
FLORIDA

2022 OCT 18 PM 2:01
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FILED

COVER LETTER

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

SUBJECT: P.I.E.C.E.S. Foundation 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: Cherise Taylor-Lipscomb
Name (Printed or typed)

6034 Chester Ave Suite 105
Address

Tax FL 32217
City, State & Zip

8664455209
Daytime Telephone number

KSbusinessservices11c@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: P.I.E.C.E.S. Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

6015 Chester Circle

Suite 108

Jacksonville, FL 32217

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Provide social services, mental health wellness
and referral services.

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

as provided for in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chimmir Lane ^{President} Name and Title: _____

Address: 6015 Chester Circle Address: _____

Suite 108

Jax, FL 32217

Name and Title: Linda Sanders-Secretary Name and Title: _____

Address: 6015 Chester Circle Address: _____

Suite 108

Jax, FL 32217

Name and Title: Marchelle Harman ^{Treasurer} Name and Title: _____

Address: 6015 Chester Circle Address: _____

Suite 108

Jax, FL 32217

2022 OCT 8 PM 2:08
P.I.E.C.E.S. FOUNDATION
JACKSONVILLE, FL

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: KS Business + Professional Services LLC

Address: 6034 Chester Ave Suite 105

Jax FL 32217

ARTICLE VII INCORPORATOR

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

Name: Cherrise Taylor Lipscomb

Address: 6034 Chester Ave Suite 105

Jax, FL 32217

OFFICE OF THE CLERK
DEPARTMENT OF STATE
JACKSONVILLE, FL

2022 OCT 18 PM 2:00

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

[Signature]
Required Signature of Registered Agent

10-18-22
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.

[Signature]
Required Signature of Incorporator

10-18-22
Date