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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

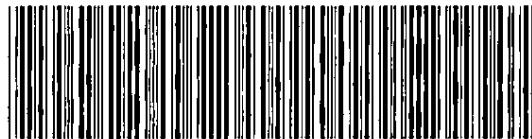
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## COVER LETTER

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

**SUBJECT:** OUR COMMUNITY RESOURCE SERVICES, 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:** TIWANA D. HOLMES  
\_\_\_\_\_  
Name (Printed or typed)

5000 W. MIDWAY RD. #12637  
\_\_\_\_\_  
Address

FORT PIERCE, FL 34979  
\_\_\_\_\_  
City, State & Zip

772-237-3401  
\_\_\_\_\_  
Daytime Telephone number

tiwanaholmes@gmail.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: OUR COMMUNITY RESOURCE SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1407 DELAWARE AVENUE

FORT PIERCE, FL 34950

Mailing address, if different is:  
5000 W. MIDWAY RD, #12637

FORT PIERCE, FL 34979

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: exclusively to pursue one or more charitable, educational, scientific and or religious purposes.

**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: Tiwana D. Holmes, President/Director

Address: 5000 W. Midway Rd. #12637  
Fort Pierce, FL 34979

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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Name and Title: \_\_\_\_\_

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Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: Tiwana D. Holmes  
Address: 5000 W. Midway Rd. #12637  
Fort Pierce, FL 34979

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tiwana D. Holmes  
Address: 5000 W. Midway Rd. #12637  
Fort Pierce, FL 34979

**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*

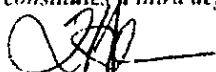


\_\_\_\_\_  
Required Signature of Registered Agent

11/14/2022

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature of Incorporator

11/14/2022

\_\_\_\_\_  
Date