

# N22000012864

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

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

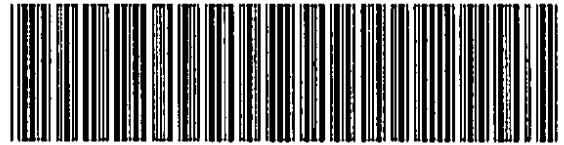
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NOTARY SECT 190407

## COVER LETTER

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

**SUBJECT:** CHAMPIONS OF ANGELS, 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:** Danique Douglas

\_\_\_\_\_  
Name (Printed or typed)

3355 Millcrest Dr.

\_\_\_\_\_  
Address

Jacksonville, FL 32277

\_\_\_\_\_  
City, State & Zip

904-866-0173

\_\_\_\_\_  
Daytime Telephone number

pamcrecovery@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: CHAMPIONS OF ANGELS, INC

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

3355 Millcrest Dr.

Jacksonville, FL 32277

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To establish a support system to effectively serve, support and educate parents, legal guardians, caregivers and siblings of special needs children. Our goal is to provide an environment and a strategic resource, where these caregivers and families would gain support through emotional, financial and social services.

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

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Danique Dougias (PRESIDENT)

Name and Title:

Address

Jacksonville, FL 32277

Address:

Jacksonville, FL 32277

Name and Title: Danene Hill (V. President)

Name and Title:

Address

8204 White Falls Blvd.,

Address:

Jacksonville, FL 32256

Name and Title: Danielle Speed (Treasurer)

Name and Title:

Address

7712 Lookout Point Dr.

Address:

Jacksonville, FL 32210

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: PowerHouse Anchor Management Consulting  
Address: 6620 Southpoint Dr. South, #511  
Jacksonville, FL 32216

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Danique Douglas  
Address: 3355 Millcrest Dr.  
Jacksonville, FL 32277

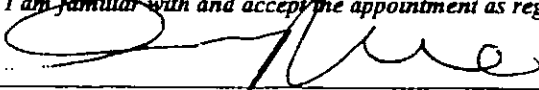
**ARTICLE VIII EFFECTIVE DATE:**

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*

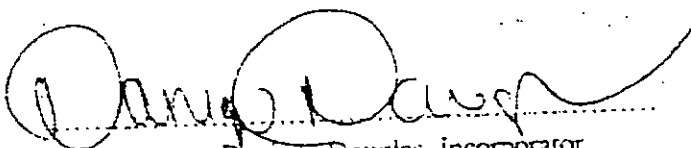


Required Signature of Registered Agent

10/31/2022

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.*



Danique Douglas, Incorporator

10/31/2020

Date