N22000013036

(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:

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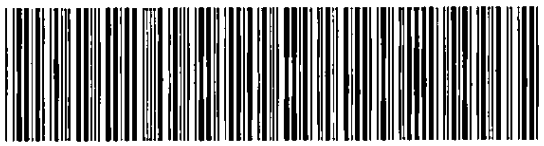

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Women On The Wall, 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: Elmira P. Davis
Name (Printed or typed)

3913 Ella Drive
Address

Tallahassee, FL 32303
City, State & Zip

(850) 933-1498
Daytime Telephone number

davisel@comcast.net
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: Women On The Wall, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
3913 Ella Drive
Tallahassee, FL
32303

Mailing address, if different is:
(SAME)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The purpose of this corporation is to assist women who may be facing a variety of socio-economic, personal or spiritual issues to elevate and advance to a level that is their personal best and become the woman that God created them to be.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
Director shall be elected according to bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elmira P. Davis
Address: 3913 Ella Dr.
Tallahassee 32303

Name and Title: President

Name and Title: Mittie P. Johnson
Address: 4805 Bothwell
Tallahassee, FL Terrace
32303

Name and Title: Secretary

Name and Title: Krystal S. Torres
Address: 4407 Bluebill Pass
Tallahassee, FL
32303

Name and Title: V. President

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Name and Title: Mattie P. Johnson Name and Title: Assist. Secretary

Address 66 Heatherdale Chase Address:

Henrietta, New York

14467

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: ELMIRA P. DAVIS

Address: 3913 ELLA DRIVE

Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

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

Name: ELMIRA P. DAVIS

Address: 3913 ELLA DRIVE

TALLAHASSEE, FL 32303

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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

Elmira P. Davis
Required Signature of Registered Agent

11-21-2022
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.

Elmira P. Davis
Required Signature of Incorporator

11-21-2022
Date