

N2300000016Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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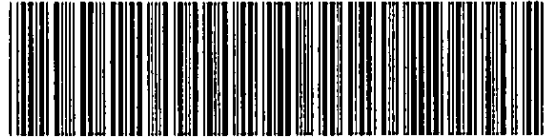
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

23 JAN -3 AM 8:50

FILED

COVER LETTER

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

SUBJECT: CLOTHED WITH DIGNITY INCORPORATED
(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: DARLA R CINTRON
Name (Printed or typed)

1014 MOCCASIN RUN RD
Address

OVIEDO, FLORIDA 32765
City, State & Zip

407-929-0100
Daytime Telephone number

CINTRON1998@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S.. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: CLOTHED WITH DIGNITY, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1014 MOCCASIN RUN RD

Oviedo, Florida

32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To increase the self-confidence and financial stability of foster care teenagers, human trafficking victims and
parents of children with critical illness.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: TWO THIRDS
VOTE BY THE BOARD

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARLA R CINTRON, PRESIDENT

Name and Title: BROKE BOLTZ, VICE PRESIDENT

Address 1014 MOCCASIN RUN RD

Address: TEA OLIVE WAY

OVIEDO, FLORIDA 32765

OVIEDO, FLORIDA 32765

Name and Title: MELANIE CAMPBELL, SECRETARY

Name and Title: MARC ABRAHAM, VICE SECRETARY

Address 1401 ATLANTIS DR

Address: 2441 W. State Road 426 #1061

APOPKA, FL

Oviedo, Florida

32703

32765

Name and Title: CARINA de la TORRE, BOARD CHAIR

Name and Title: _____

Address 3505 Lake Lynda Drive Suite 200

Address: _____

Orlando, Florida

32817

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: DARLA R CINTRON

Address: 1014 MOCCASIN RUN RD

OVIEDO, FLORDIA 32765

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DARLA R CINTRON

Address: 1014 MOCCASIN RUN RD

OVIEDO, FLORDIA 32765

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

Darla R. Cintron
Required Signature of Registered Agent

11-26-2022
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.

Darla R. Cintron
Required Signature of Incorporator

11-26-2022
Date