

11230 0000 0593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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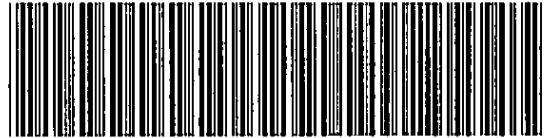
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 JAN -9 AM 4:16

D. O'KEEFE

JAN 24 2023

## COVER LETTER

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

Moms Got Your Six Inc.

**SUBJECT:** \_\_\_\_\_  
(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**

Nestha Alcime

**FROM:** \_\_\_\_\_  
Name (Printed or typed)

6026 Kalamazoo Ave #107

\_\_\_\_\_  
Address

Kentwood, MI 49508

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

(303) 306-4669

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

specialist@instantnonprofit.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: Moms Got Your Six Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
940 SNELL ISLE BLVD NE

ST PETERSBURG FL 33704-3830

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to help veterans and their families by counseling, housing, access to education, training, self sufficiency so they can return to a fulfilling and meaningful life

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Helene Haldi, President

Address: 940 SNELL ISLE BLVD NE  
ST PETERSBURG FL 33704

Name and Title: Helene Haldi, Director

Address: 940 SNELL ISLE BLVD NE  
ST PETERSBURG FL 33704

Name and Title: Kim DiSilva, Treasurer

Address: 940 SNELL ISLE BLVD NE  
ST PETERSBURG FL 33704

Name and Title: Don Hodges, Director

Address: 940 SNELL ISLE BLVD NE  
ST PETERSBURG FL 33704

Name and Title: Kim DiSilva, Secretary

Address: 940 SNELL ISLE BLVD NE  
ST PETERSBURG FL 33704

Name and Title: Gerald Blackford, Director

Address: 940 SNELL ISLE BLVD NE  
ST PETERSBURG FL 33704

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: Helene Haldi

Address: 940 SNELL ISLE BLVD NE

ST PETERSBURG FL 33704

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Helene Haldi

Address: 940 SNELL ISLE BLVD NE

ST PETERSBURG FL 33704

**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

01 / 03 / 2023

\_\_\_\_\_  
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

01 / 03 / 2023

\_\_\_\_\_  
Date