

(Requestor's Name) (Address) (Address)	100399108221
(City/State/Zip/Phone #)	CHID DAID
(Business Entity Name) (Document Number)	1201년 22-411048-490년 (***)151 -
Certified Copies Certificates of Status	FILE SECRETARY OF TALLAHASS
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W22-156882



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2022

DR. KRISTEN HATHCOCK 1009 SUNSHINE WAY SW WINTER HAVEN, FL 33880

SUBJECT: NOT MY CHARGES INC Ref. Number: W22000156882

We have received your document for NOT MY CHARGES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 622A00028561

SECRETARY OF STATE

www.sunbiz.org

Division of Comparations, DO DOV 6297 Tollahasson Florida 29214

COVER LETTER

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

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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

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ADDITIONAL COPY REQUIRED

■ \$87.50
 Filing Fee.
 Certified Copy
 & Certificate

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1221

Dr. Kristen Hathcock FROM:

Name (Printed or typed)

1009 Sunshine Way SW

Address

Winter Haven,, FL 33880

City, State & Zip

(863) 585-3218

Daytime Telephone number

khathcock26/a,gmail.com

E-mail address: (to be used for juture annual report notification)

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

ARTICLES OF INCORPORATION

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	in compliance	with Chapter 617,	ES, (Not for Profit)	
. <u>ARTICLE 1</u> The came of a	<u>NAME</u> Not My Charges I the corporation shall be	n.		
<u>ARTICLE II</u>	PRINCIPAL OFFICE			
	Principal <u>utrent</u> address 9 Sunchine Way SW Winter Haven, FL, 37	(کرد: 	Maring address, if dif	Ocrem a
	· .			
<u>URTICLI, II</u>	I PURPOSE	The more set of a set	whithin North for Depth of a second	
	for which the corporation is organized is notivity under the general law of the State			
	profession not permitted to be incorporated			
	esocializzation of specific entenaed offende			
voluntary pro	opram curollment in 2n effort in reduce rec	uin ism and prome	te a healthy, crime free and cri	ically aware litestyle.
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<u>ARTICI,E IV</u>	MANNER OF ELECTION The mar	wer in which the du	votury are elected and appointed	Every 2 Years
<u>ARTICLE V</u>	INITIAL OFFICERS AND/OR DIREC	TORS		
Name and Tal	Dr. Kristen Hathcock, CEO and Preside	ni Name and Tati	N.A	
Address	1009 Sunshine Way SW	Address	N'A	
	Winter Haven, FL 53880		<u> </u>	
		_	· *	
	Dr. Alonzo Williams Jr., Treasurer		N/A	
Same and Title	r 5779 Wondruff Way	Name and Tale		<u> </u>
Address	Lakeland, FL 33812	Address		S02
		-		2023 JAN SECRET? TALLA
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.ddresa	324 Ave PINE	Address	N A	
	Wuster Haven, FL 33281	_		<u></u>
		-		FL S4
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Address

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ARTICLE VII _ INCORPORATOR The name and address of the Incorporator is. Name Dr. Kristen Hathenck Address: 1009 Sunshine Way SW Winter Haven, FL 33880 IRTECLE VIII _ EFFECTIVE DATE: Infective date, if other than the date of filing: Infective date, if other than the date of filing: Infective date, if other than the date of filing: Infective date, if other than the date of filing: Infective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.) 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.) Sette: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the focument's effective date on the Department of State's records. laving been named us registered agent to accept vervice of process for the above stated corporation at the place designated in this capacity M. Mather Hatthe facts stated herein are true. I am aware that any fake information submitted in a document to the Department of State constitutes a third degree felony as provided for in <817.155. F.S.	Address.	1009 Sunshine Way SW				
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Winter Haven, FL 33880 ARTICLE VIII EFFECTIVE D.ATE: Effective date, if other than the date of filing: 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:1 Stote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tocument's effective date on the Department of State's records. Iaving been named as registered agent to accept vervice of process for the above stated corporation at the place designated in this ertificate. I am familiar with and accept the applicable statutory for the above stated corporation at the place designated in this ertificate. I am familiar with and accept the application are registered agent and agree to act in this capacity. Market Alexandroment of Registered Agent 1/1/23 Required Signature of Registered Agent Date 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 x817.155. F.S. 1/1/23 Market Alexandroment of Incorporator 1/1/23 1/1/23 Market Alexandroment of Incorporator 1/1/23 1/1/23	Name	Dr. Kristen Hathenek				
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Effective date, if other than the date of filing:		Winter Haven, FL 33880				
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Required Signature of Incorporator Date Date Date Date Date Date Date Dat	ertificate, I am	Jamuliar with and accept the appointment	i as registered agent /)'	
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