

N23000001299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

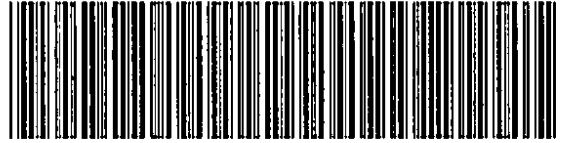
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Handwritten signature and date 2/8/23

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FILED
2023 JAN -9 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FL

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

2022 DEC -9 PM 1:35

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

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TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: NOT MY CHARGES 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: Dr. Kristen Hathcock
Name (Printed or typed)

1009 Sunshine Way SW
Address

Winter Haven, FL 33880
City, State & Zip

(863) 585-3218
Daytime Telephone number

khathcock26@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, FL

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

ARTICLE I NAME

The name of the corporation shall be Not My Charges Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1009 Sunshine Way SW Winter Haven, FL 33880

Mailing address, if different is _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose for which this Not for Profit is organized is to engage in any lawful act or activity under the general law of the State of Florida other than the banking business, trust company business, or the practice of a profession not permitted to be incorporated by and pursuant to the Florida Corporations Statute. This Not for Profit will assist in the resocialization of specific sentenced offenders back into society post-release, through judicial referral, or through voluntary program enrollment in an effort to reduce recidivism and promote a healthy, crime free and civically aware lifestyle.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed Every 2 Years

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title Dr. Kristen Haircock, CEO and President
Address 1009 Sunshine Way SW
Winter Haven, FL 33880

Name and Title N/A
Address N/A

Name and Title Dr. Alonzo Williams Jr., Treasurer
Address 5779 Woodruff Way
Lakeland, FL 33812

Name and Title N/A
Address N/A

Name and Title Mr. Jonathan Hilliard, Secretary
Address 324 Ave P NE
Winter Haven, FL 33881

Name and Title N/A
Address N/A

SECRETARY OF STATE
TALLAHASSEE, FL

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Name and Title	N/A	Name and Title	N/A
Address	N/A	Address	N/A
Name and Title	N/A	Name and Title	N/A
Address	N/A	Address	N/A

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dr. Kristen Hathcock
 Address: 1009 Sunshine Way SW
Winter Haven, FL 33880

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Kristen Hathcock
 Address: 1009 Sunshine Way SW
Winter Haven, FL 33880

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1st, 2023. (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:

Dr. Kristen Hathcock 1/1/23
 Required Signature of Registered Agent 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 §817.155, F.S.

Dr. Kristen Hathcock 1-1-23
 Required Signature of Incorporator Date

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