

NZ3000002588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

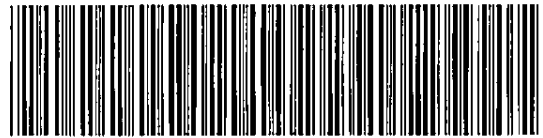
(Business Entity Name)

(Document Number)

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

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DEPTOR'S OFFICE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Because Ronnette Was \_\_\_\_\_  
(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:** Desiree Golden  
\_\_\_\_\_  
Name (Printed or typed)  
  
16618 W Course Drive  
\_\_\_\_\_  
Address  
  
Tampa Florida 33674  
\_\_\_\_\_  
City, State & Zip  
  
813.748.2896  
\_\_\_\_\_  
Daytime Telephone number  
  
desireegidn@yahoo.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: Because Ronnette Was, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
16618 W Course Drive

Mailing address, if different is:

Tampa Florida 33674

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To provide support services, resources, counseling, economic opportunities, training, programs and support  
opportunities and provide basic-need services to families who have lost loved ones.

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

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

Name and Title: DESIREE GOLDEN, Chair

Name and Title: \_\_\_\_\_

Address 16618 W Course Drive

Address: \_\_\_\_\_

Tampa Florida 33674

Name and Title: DANIELLE JONES, Vice Chair

Name and Title: \_\_\_\_\_

Address 16618 W Course Drive

Address: \_\_\_\_\_

Tampa Florida 33674

Name and Title: Stacy Simmons

Name and Title: \_\_\_\_\_

Address 16618 W Course Drive

Address: \_\_\_\_\_

Tampa Florida 33674

2023,

14

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: Alison A Hwcwitt

Address: 4904 N 32nd Street

Tampa, Florida 33610

**ARTICLE VII INCORPORATOR**

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

Name: Desiree Golden

Address: 16618 W Course Drive

Tampa Florida 33674

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3/6/2023 (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.*

Alison A. Hwcwitt  
Required Signature of Registered Agent

3/6/2023  
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.*

Desiree Golden  
Required Signature of Incorporator

3/6/23  
Date