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## COVER LETTER

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

SUBJECT: Sisterhood of Tampa, 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: Cherylene Lew  
Name (Printed or typed)

4411 N. 48th St.  
Address

Tampa, FL 33610  
City, State & Zip

(813) 551-8139  
Daytime Telephone number

Cherylne Lew@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: Sisterhood of Tampa, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

4411 N. 48th St.  
Tampa, FL 33610

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Our mission is to bring together women to  
serve our support of the community and enrich  
our lives through social events, educational and  
spiritual programs

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

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

Name and Title: Kenya Simpson (P) Name and Title: \_\_\_\_\_

Address: 4411 N. 48th St. Address: \_\_\_\_\_  
Tampa, FL 33610

Name and Title: Cherylene Levy (VP) Name and Title: \_\_\_\_\_

Address: 4411 N. 48th St. Address: \_\_\_\_\_  
Tampa, FL 33610

Name and Title: Amie Hamilton (T/S) Name and Title: \_\_\_\_\_

Address: 4411 N. 48th St. Address: \_\_\_\_\_  
Tampa, FL 33610

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:

Tommie Lee

Address:

4411 N. 48th St.  
Tampa, FL 33610

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Bernie Thompson

Address:

4411 N. 48th St.  
Tampa, FL 33610

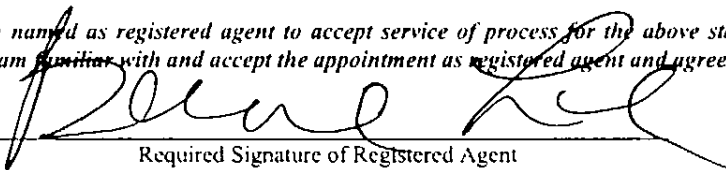
**ARTICLE VIII EFFECTIVE DATE:**

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

1/24/24  
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.

Tommie Lee

Required Signature of Incorporator

1/24/24  
Date

2024 - 2025 Filing Year