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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Adore ME Nanny Non Profit Organization, 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: Mia D. WATSON
Name (Printed or typed)

11905 Dover Village Dr W.
Address

Jacksonville, Florida 32220
City, State & Zip

(904) 763-52457
Daytime Telephone number

info@adoremenanny.org
E-mail address: (to be used for future annual report notification)

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

Name and Title: CASSANDRA JEFFERSON Name and Title: Trustee

Address 3452 IN Wood Circle W. Address:

Jacksonville, FL 32207

Name and Title: Ashley Cummings Name and Title: Trustee

Address 2439 W 23rd ST Address:

Jacksonville, FL 32209

ARTICLE VI REGISTERED AGENT

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

Name: Mia WATSON

Address: 11905 Dover Village Dr W

Jacksonville, FL 32220

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ARTICLE VII INCORPORATOR

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

Name: Mia Watson

Address: 11905 DOVER Village Dr W.

Jacksonville, FL 32220

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

Mia Watson — Required Signature of Registered Agent — 2/13/24 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.

Mia Watson — Required Signature of Incorporator — 2/13/24 Date

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Adore Me Nanny Non-Profit Organization, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

11905 Dover Village Dr. W

Jacksonville FL 32220

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Adore Me Nanny Non Profit Organization, Inc. helping families in all walks of life in the community after the mother gives birth to her newborn during the 12 months postpartum Period. We will offer services to families who have different backgrounds, identies, and income levels. Our Organization teaches, serves, empowers women to be vibrant and take charge of their mental health and well being while taking care of her newborn

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

in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mia Watson — Name and Title: President

Address: 11905 Dover Village Dr. W, Jacksonville, FL 32220

Name and Title: LaCreasha Wilson — Name and Title: Secretary

Address: 10502 Kinlock Dr. Jacksonville, FL 32219

Name and Title: Shaunti Clark — Name and Title: Trustee

Address: 10230 Manderville Drive, Jacksonville, FL 32221