

N24000007864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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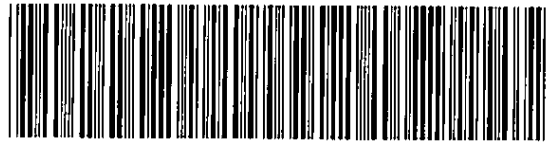
(Business Entity Name)

(Document Number)

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FILED
JUN 25 2024
T.S.H.
6004316874

COVER LETTER

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

SUBJECT: BEAUTIES FOR PEACE, 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: JOHN F TERCEK

Name (Printed or typed)

3648 WALSH STREET

Address

JACKSONVILLE FLORIDA 32205

City, State & Zip

3054842246

Daytime Telephone number

JOHNFTERCEK@GMAIL.COM

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

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

FILED
JAN 15 2009
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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

ARTICLE I NAME

The name of the corporation shall be: BEAUTIES FOR PEACE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3648 WALSH STREET

JACKSONVILLE FLORIDA

32205 USA

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WE INTEND TO RAISE CONTRIBUTIONS FOR A FUND TO REBUILD DAMAGED HOSPITALS IN UKRAINE

AFTER THE RUSSIAN WAR IS OVER, perhaps in 2026

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: JOHN F TERCEK, DIRECTOR

Address: 3648 WALSH STREET

JACKSONVILLE FL 32205

Name and Title: DAVID GROSS, DIRECTOR

Address: 3648 WALSH STREET

JACKSONVILLE FL 32205

Name and Title: ALANA TERCEK, DIRECTOR

Address: 3648 WALSH STREET

JACKSONVILLE FL 32205

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
JAN 5 2024
CLERK

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: JOHN F TERCEK
Address: 3648 WALSH STREET
JACKSONVILLE FL 32205

ARTICLE VII INCORPORATOR

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

Name: JOHN F TERCEK
Address: 3648 WALSH STREET
JACKSONVILLE FL 32205

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

6/21/24
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.

Required Signature of Incorporator

6.21.24
Date

FILED
JUN 21 2024
CLERK OF COURT
JACKSONVILLE, FL