

N24000013839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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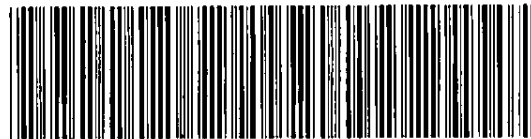
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2024

CHRISTOPHER LICATA III
4163 AUTUMN AMBER DR
SPRING HILL, FL 34609

SUBJECT: THE VOICES FOUNDATION CORP
Ref. Number: W24000156342

We have received your document for THE VOICES FOUNDATION CORP. However, the document has not been filed and is being returned for the following:

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

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.

Genesis R Kersey
Regulatory Specialist II

Letter Number: 524A00025602

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COVER LETTER

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

SUBJECT: THE VOICES FOUNDATION CORP

(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: Christopher Licata III

Name (Printed or typed)

4163 AUTUMN AMBER DR

Address

SPRING HILL, FL 34609

City, State & Zip

352-428-8587

Daytime Telephone number

chris@thepolicystandard.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: THE VOICES FOUNDATION CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5707 Connell Rd

Plant City, FL 33567

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Victims of illegals, championing enhanced security.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The manner of electing directors will be appointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicole Marie Jones, D Name and Title: _____

Address: 5707 CONNELL RD Address: _____
PLANT CITY, FL 33567

Name and Title: Christopher Licata III, D Name and Title: _____

Address: 4163 AUTUMN AMBER Dr Address: _____
SPRING HILL, FL 34609

Name and Title: Vanessa V Anderson, D Name and Title: _____

Address: 15609 MORNING DR Address: _____
LUTZ, FL 33559

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2024 NOV 21 AM 5:29

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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: Christopher Licata III
Address: 4163 Autumn Amber Dr
Spring Hill, FL 34609

ARTICLE VII INCORPORATOR

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

Name: Nicole Marie Jones
Address: 5707 Connell Rd
Plant City, FL 33567

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/20/2024 (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
11/20/2024
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
11/20/2024
Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA