

**N/A 500000 2749**  
TRANSMITTAL LETTER

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

RECEIVED  
JUN 12 1995  
TALLAHASSEE, FL 32314  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Mothers on Trail (M.O.T) Inc  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FILED  
1995 JUN 12 AM 7:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FROM: Carol D. Fleming  
Name (Printed or typed)

4495 Shelter Rd  
Address

Tallahassee, FL 32310  
City, State & Zip

(904) 656-2340  
Daytime Telephone number

RECEIVED  
95 JUN 12 PM 4:23  
DIVISION OF CORPORATION

mail  
out

Carol GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT election  
DATE 6-12-95  
DOC EXAM 7-c

P. CHESSER JUN 13 1995

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

## ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

### ARTICLE I

#### Name

The name of the corporation shall be:

Mothers on Trail, (M.O.T) INC.

### ARTICLE II

#### Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:

4495 Shelter Road # B14  
Tallahassee Florida 32310

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TALLAHASSEE, FLORIDA

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### ARTICLE III

#### Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

Non For profit Support Group for Mothers on Trail For civil or criminal charges or Allegations of Child Abuse or Neglect,

### ARTICLE IV

#### Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

Chairperson - 1yr	} By Popular Vote
Secretary - 2yrs	
Treasure - 1yr	
Attorney - 3yrs	} required qualifications at Annual meeting
Legal Advisors	

**ARTICLE V**

**Limitation of corporate powers**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows: *NO limitations*

**ARTICLE VI**

**Initial registered agent and street address**

The name and the street address of the initial registered agent is:

*CAROL D. Fleming  
4495 Shelter Rd #B14  
Tallahassee FL*

**ARTICLE VII**

**Incorporators**

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

*Carol D. Fleming  
4495 Shelter Rd #B14  
Tallahassee, FL 32310*

The undersigned incorporator has executed these Articles of Incorporation this 12 day of June, 19 95.

Signature of Incorporator:

*Carol D Fleming*

*CAROL D. Fleming*  
Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

          - mothers on Trail, Inc. (M.O.T.)            
(must include suffix)

2. The name and address of the registered agent and office is:

          C. Muel D. Fleming            
(NAME)

          4445 Shelburne Rd #1314            
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

          Tallahassee FL 32310            
(CITY/STATE/ZIP)

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

          C. Muel D. Fleming            
(SIGNATURE)

          6/12/95            
(DATE)