

P14000011353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

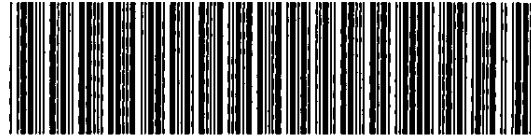
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/03/14--01010--005 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 FEB -3 AM 1:38

1/4

COVER LETTER

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

SUBJECT: The Witness Movement Co.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Shawntavia Garnett

Name (Printed or typed)

2401 NW 89th Dr #812

Address

Coral Springs, FL 33065

City, State & Zip

305-814-2085

Daytime Telephone number

thewitnessmovement@gmail.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 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: The Witness Movement Co.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2401 NW 89th Dr #812

Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A Christian Apparel company to
boldly testify the works and acts of God one item at a time

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shawntavia Garnett CEO/Founder

Name and Title: _____

Address

2401 NW 89th Dr #812

Address: _____

Coral Springs, FL 33065

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(cont)

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DIVISION OF CORPORATIONS

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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:

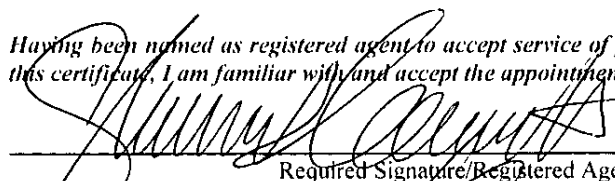
Name: Shawntavia Garnett
Address: 2401 NW 89th Dr #812
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shawntavia Garnett
Address: 2401 NW 89th Dr #812
Coral Springs, FL 33065

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

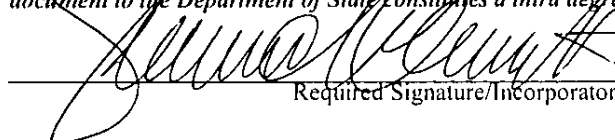


Required Signature/Registered Agent

1/28/2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

1/28/2014

Date