

P15 000018852

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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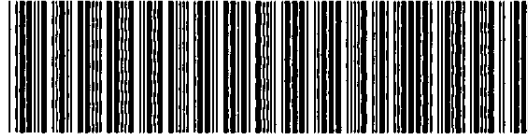
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Stakeholders For Transformation Inc.  
(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Sean Tim Hugh Small  
Name (Printed or typed)  
11211 W Atlantic Blvd Apt. 103  
Address  
Coral Springs Florida, 33071  
City, State & Zip  
954-449-3033  
Daytime Telephone number  
williams\_shanice@yahoo.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2015

SEAN TIM HUGH SMALL  
11211 W ATLANTIC BLVD., APT 103  
CORAL SPRINGS, FL 33071

SUBJECT: STAKEHOLDERS FOR TRANSFORMATION INC.  
Ref. Number: W15000008926

We have received your document for STAKEHOLDERS FOR TRANSFORMATION INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 815A00002545

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** Stakeholders For Transformation Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
11211 W Atlantic Blvd. Apt. 103  
Coral Springs  
Florida, 33071

Mailing address, if different is:  
11211 W Atlantic Blvd. Apt. 103  
Coral Springs  
Florida, 33071

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Seek to bring about positive  
changes to meet the needs of individual who are less fortunate  
in the inner-city communities worldwide through the churches.  
To provide support and training through educational  
program, social activities and transformational thinking  
through God's Word.

**ARTICLE IV SHARES** 2  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sean Tim Hugh Small Mr.  
Address: 96 3/4 Old Hope Rd.  
Beverly Hills Hotel Apt. G  
Kingston 6

Name and Title: Shanice Williams Miss.  
Address: 11211 W Atlantic Blvd. Apt. 103  
Coral Springs  
Florida 33071

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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: Sean Small  
Address: 11211 W Atlantic Blvd. Apt. 103  
Coral Springs, Florida 33071

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sean Small  
Address: 96 3/4 Old Hope Road, Beverly Hills Hotel Apt.G  
Kingston 6

*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

01/22/2015  
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

01/22/2015  
Date