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2015 AUG 17 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 24 2015

T. BROWN

FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

COVER LETTER

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

SUBJECT: Girls like me... Corporation
(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: Angela Guthrie
Name (Printed or typed)

1305 Belgrade Ave
Address

Orlando, FL - 32803
City, State & Zip

407-247-2546
Daytime Telephone number

angiesartstuff@aol.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 FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

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

ARTICLE I NAME

The name of the social purpose corporation shall be

Girls Like Me... Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1305 Belgrade Ave
Orlando, Fla. 32803

same

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ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

To promote educational and cultural
opportunities for girls and children.

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

to promote educational opportunities
for girls and children.

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Angela Guthrie Name and Title: _____

Address: President Address: _____

1305 Belgrade Ave.
Orlando, FL 32803

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name: _____

Name: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Angela Guthrie

Address:

1305 Belgrade Ave.
Orlando, FL 32803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Angela Guthrie

Address:

1305 Belgrade Ave
Orlando, FL 32803

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

Angela Guthrie
Required Signature/Registered Agent

8/13/15
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.

Angela Guthrie
Required Signature/Incorporator

8/13/15
Date