P16000003275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

700280117197

01/04/16--01040--014 **87.50

FILED
16 JAN -4 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Mommy Milk & Me 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: Tangela Lynn Boyd
Name (Printed or typed)

13624 Eridanus Drive
Address

Orlando, FL 32828
City, State & Zip

407 - 680 - 8045
Daytime Telephone number

Tangela@mommymilkandmeinc.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)

16 JAN -4 AM 11:35
FILED

ARTICLE I NAME
The name of the corporation shall be: Mommy, Milk & Me INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

13624 Eridanus Drive
Orlando, FL 32828

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To provide lactation consulting services, education (classes) and support to breastfeeding Mothers, families, and organizations. Also, to provide doula services and perinatal education.

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gloria Jean Williams - Secretary
Address 90 Bush Drive
Hope Hull, Alabama 36043

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
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: Tangela Lynn Boyd - CEO Owner

Address: 13624 Eridanus Drive

Orlando, FL 32828

FILED
16 JAN -4 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Tangela Lynn Boyd

Address: 13624 Eridanus Drive

Orlando, FL 32828

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

Tangela Lynn Boyd
Required Signature/Registered Agent

Jan. 2, 2016
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.

Tangela Lynn Boyd
Required Signature/Incorporator

Jan. 2, 2016
Date