

PIL0000012566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

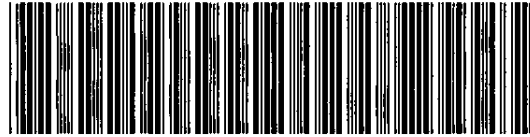
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 FEB -5 PM 2:30

FILED  
STOCK DIVISION  
DIVISION OF REVENUE  
STATE OF MISSISSIPPI

FEB 8 2016  
C LEWIS

## COVER LETTER

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

**SUBJECT:** Nurse Your Purse, 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:** Audrey Moreland

\_\_\_\_\_  
Name (Printed or typed)

1607 Holly St #1

\_\_\_\_\_  
Address

Lantana, FL 33462

\_\_\_\_\_  
City, State & Zip

561-985-0056

\_\_\_\_\_  
Daytime Telephone number

nurseyourpurse.audrey@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

Audrey Moreland  
1607 Holly St. #1  
Lantana, FL 33462

February 1, 2016

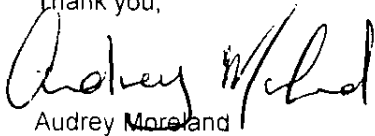
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Release of Corporation Name

To Whom It May Concern:

I, Audrey Moreland – President of Nurse Your Pur\$, Inc., certify that the Nonprofit Corporation has no intentions of revoking the voluntary dissolution of Nurse Your Pur\$, Inc. and therefore release the use of the name to the Profit Corporation.

Thank you,



Audrey Moreland  
President  
Nurse Your Pur\$, Inc.

FILED  
STATE DEPT OF REVENUE  
DIVISION OF CORPORATIONS

16 FEB -5 PM 2:30

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS AND BUSINESSES

**ARTICLE I NAME**

The name of the corporation shall be: Nurse Your Pur\$e, Inc.

16 FEB -5 PM 2:30

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1607 Holly St #1

Lantana, FL 33462

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To promote financial literacy by teaching and empowering women & people living in poverty-stricken communities through educational workshops, coaching sessions and local community events that nurture successful personal financial stewardship.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Audrey Moreland/President

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

Address 1607 Holly St #1

Address: \_\_\_\_\_

Lantana, FL 33462

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

3000  
DIVISION

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: Audrey Moreland  
Address: 1607 Holly St #1  
Lantana, FL 33462

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Audrey Moreland  
Address: 1607 Holly St #1  
Lantana, FL 33462

**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*

Audrey Moreland  
Required Signature/Registered Agent

2/1/16  
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.*

Audrey Moreland  
Required Signature/Incorporator

2/1/16  
Date