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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

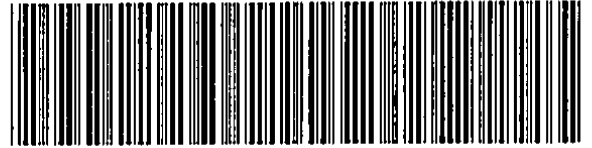
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 SEP 12 AM 10:25

FILED

SEP 13 2019

Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 9/12/2019

****WALK IN****

ENTITY NAME STRONGHER SISTERS, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

YESYESYES

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts & Amends

2019 SEP 12 PM 3:44

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

CHECK # 6590

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: StrongHer Sisters, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Schnidine Registin

Name (Printed or typed)

19440 NW 1st Ave.

Address

Miami, FL 33169

City, State & Zip

(786)285-5041

Daytime Telephone number

service@stronghersisters.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: StrongHer Sisters, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
19821 NW 2nd. Ave. Miami, FL 33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: StrongHer Sisters, Inc. is exclusively for charitable and educational
purposes in accordance with Section 501(c)(3) of the Internal Revenue Code. StrongHer Sisters, Inc is dedicated to
developing young women into model women and leaders through mentoring programs, professional growth programs,
homework assistance, and increasing social awareness.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: is provided in the bylaw:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Schnidine Registin, President

Address: 19440 NW 1st Ave.
Miami, FL 33169

Name and Title: Sabrina Cayo, Secretary

Address: 11818 NW 1st Ave.
Miami, FL 33168

Name and Title: Sidney Martinez, Treasurer

Address: 630 Dover St.
Tallahassee, FL 32302

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 SEP 12 AM 10:25

FILED

Name and Title: _____ Name and Title: _____

Address _____ 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: Registered Agents Inc. _____

Address: 7901 4th St N, Ste. 300 _____

St. Petersburg, FL 33702 _____

ARTICLE VII INCORPORATOR

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

Name: Schnidine Registin _____

Address: 19440 NW 1st Ave. _____

Miami, FL 33169 _____

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 days prior or 90 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

By: Bill Hume _____

Required Signature of Registered Agent

8/28/19

Date

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

SP _____

Required Signature of Incorporator

9/12/2019

Date