P21000096490

(Re	questor's Name)	
(Add	dress)	
	dress)	
(//u/	uicss)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	
(= ::-	--	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Hiling Officer:	

Office Use Only



100365897281

05/13/21--01018--024 **155.00



W21000083353



October 6, 2021

MR. QUINCY C MORMAN 8425 IVEYWOOD AVE ORLANDO, FL 32810

SUBJECT: INTERNATIONAL MEMORY LIBRARY, INC.

Ref. Number: W21000083353

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

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 521A00024317

2021 OCT 18 PH 2: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



June 8, 2021

MR. QUINCY C MORMAN 8425 IVEYWOOD AVE ORLANDO, FL 32810

SUBJECT: INTERNATIONAL MEMORY LIBRARY, INC.

Ref. Number: W21000083353

We have received your document for INTERNATIONAL MEMORY LIBRARY, INC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

You have paid the fees for a LLC file but have submitted a Corporate filing.

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.

Steve J Kurisko Regulatory Specialist II

Letter Number: 221A00012553

2021 OCT 18 PM 2: 11
SECRETARY OF STATE
TALLAHASSEE, FLORID

COVER LETTER

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

SUBJECT: <u>INTERNATIONAL MEMORY LIBRARY</u> INC

Enclosed are an original and one (1) copy of \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of State	□ \$78.75	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status

FROM: Rev. Dr. Quincy Cornelius Morman
Name (Printed or typed)
8425 Iveywood Ave.
Address
Orlando, Florida. 32810
City, State & Zip
407-590-765D
Daytime Telephone number

internationalmemorylibrary@gmail.com
E-mail address: (to be used for future annual report notification)

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

2021 OCT 18 PM 2: 14
SECNE JARY DE STATE

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

The name of the corporation	on shall be: <u>International Mem</u>	ory Library, L	nc
Attn: Corporate	PAL OFFICE Trincipal street address Secretary Office Ave.	J	address, if different is:
Orlando, Florio	da 32810		
ARTICLE III PURPOS		any aim and purpo	se is to create a
website platform	that our customers may record	d their lifetime	of memories and message
to pass along to	their future generations to	come. We aim to b	ecome the worlds first
	nan memories and messages. We history and life stories.	will become the	world-wide repository
We are a website	based business on the intern	et	
ARTICLE V INITIAL Name and Title: Address Name and Title:	tock is: 400,000,000 millions **LOFFICERS AND/OR DIRECTORS** Rev.Dr. Quincy C. Mormon CFO 8425 Iveywood Ave Orlando, Florida 32810	Name and Title: Address: Name and Title: Address:	
		Name and Title: Address:	

Name and	Title: Name and Title:		<u>_</u>
Address	Address:		
1RTICLE VI R	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered agent is:		
Name:	Bobbie Richardson		
Address:	Bobbie Richardson 8425 Iveywood Ave Orlando, Fl 32810	202 TAL	
	Orlando, F/ 32810	2021 OCT 18 SECRETARY TALLAHASSE	<u>m</u>
ARTICLE VII	INCORPORATOR	T I 8	FILED
	dress of the Incorporator is:	PK S	\Box
Name:	Rev. Dr. Quincy C. Mormon Founder & CEO	PM 2: 14 CLF STATE EE, FLORID	_
Address:	8425 Iveywood Ave	> →	
	Orlando, Florida 32810		
ARTICLE VIII	effective date of filing: 9/1/2/		
	other than the date of filing: (OPTIO late is listed, the date must be specific and cannot be more than five d	ays prior or 90 days after	the
Note: If the date the document's e	inserted in this block does not meet the applicable statutory filing require ffective date on the Department of State's records.	ements, this date will not be	listed a
Having been nan certificate, I am J	ned as registered agent to accept service of process for the above stated corp familiar with and accept the appointment as registered agent and agree to	eet in this cupacity	
Bobli	Required Signature/Registered Agent	9/11/2 Date	<u> </u>
I submit this doc	cument and affirm that the facts stated herein are true. I am aware that Department of State constitutes a third degree felony as provided for in s.8	t the false information subs 317.155, F.S.	nitted i
Required Signat	annes & Moranny	2/11/Z	/ _
reduited Signali	and modification		•