

P97000106605

TRANSMITTAL LETTER

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

500002376435--5
-12/18/97--01053--015
***122.50 ***122.50

SUBJECT: Women At Risk, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Lawrence Cymant
Name (Printed or typed)
16011 Armistead Lane
Address
Odessa FL 33556
City, State & Zip
813 263-3911
Daytime Telephone number

FILED
97 DEC 18 AM 11:07
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CB
12-19-97

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

ARTICLES OF INCORPORATION
of
Women AT Risk, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:
Women At Risk, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
Women at Risk, Inc.
P.O. Box 971
Odessa FL 33556

ARTICLE III SHARES

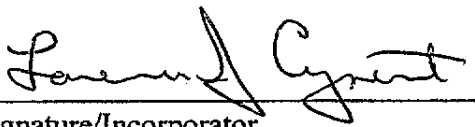
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
50,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

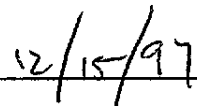
The name and Florida street address of the initial registered agent are:
Lawrence Cymment
16011 Armistead Lane
Odessa, FL 33556

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Lawrence Cymment
c/o Women at Risk, Inc.
P.O. Box 971
Odessa FL 33556

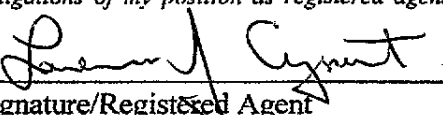


Signature/Incorporator

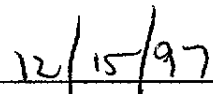


Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent



Date

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