

NR3 00008339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

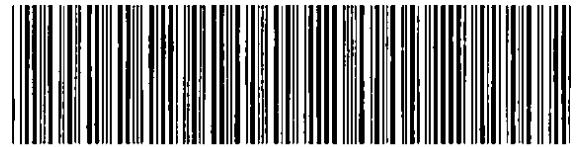
(Business Entity Name)

(Document Number)

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FLORIDA STATE
SECRETARY

2023 JUN 22 PM 3:30

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COVER LETTER

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

SUBJECT: MASTER PLAN COMMUNITY OUTREACH
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
UNC.

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

TALLAHASSEE, FL

2023 JUN 22 PM 3:30

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FROM: MARCELLA MURDOCK
Name (Printed or typed)
1099 CLAY STREET, APT. # 805
Address
WINTER PARK, FL 32789
City, State & Zip
(321) 914-1318
Daytime Telephone number
marcellamurdock@gmail.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:

MASTER PLAN COMMUNITY OUTREACH
INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1099 CLAY STREET
APARTMENT 805
WINTER PARK, FL 32789

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ASSIST, INSPIRE
AND PROVIDE OPPORTUNITIES FOR
SELF-HELP AND ADVANCEMENT FOR
UNDERSERVED SUCH AS SENIORS, DIS-
ABLED, VETERANS, CHILDREN AND
OTHER DISPLACED AND DISADVANTAGED
PERSONS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

TO BE
APPOINTED BY THE PRESIDENT OF THIS
ORGANIZATION.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

ORGANIZATION

Name and Title:

MARCELLA MURDOCK
PRESIDENT

Name and Title:

Address:

1099 CLAY STREET
APT. # 805
WINTER PARK, FL 32789

Address:

Name and Title:

DAWN WELSH

Name and Title:

SECRETARY/TREASURER

Address:

2623 CORRIE TR.
ORLANDO, FL 32803

Address:

Name and Title:

Name and Title:

Address:

Address:

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STATE
SECRETARY

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: MARCELLA MURDOCK
Address: 1099 CLAY STREET, APT. #805
WINTER PARK, FL 32789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARCELLA MURDOCK
Address: 1099 CLAY ST, APT. 805
WINTER PARK, FL 32789

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUNE 15, 2023 (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

Marcella Murdock Required Signature of Registered Agent 6/15/23 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.

Marcella Murdock Required Signature of Incorporator 6/15/23 Date

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HALL HASSSEE, FL
STATE