

NO2000009291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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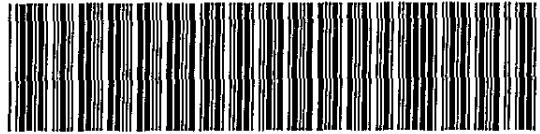
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/12/14

TRANSMITTAL LETTER

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

SUBJECT: Focus on Leadership of Marion County, 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: LARMONICA SAMUEL
Name (Printed or typed)

P.O. Box 38
Address

Ocala, FL 34480
City, State & Zip

(352) 629-8389
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF**

**FOCUS ON LEADERSHIP ALUMNI ASSOCIATION OF MARION COUNTY,
INC.**

A NON-PROFIT CORPORATION

ARTICLE I

NAME

1. THE NAME OF THIS CORPORATION SHALL BE: FOCUS ON LEADERSHIP ALUMNI ASSOCIATION OF MARION COUNTY, INC.

ARTICLE II

PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS FOR THIS CORPORATION SHALL BE THE CITY OF OCALA, THE COUNTY OF MARION AND THE STATE OF FLORIDA. THE MAILING ADDRESS FOR THE CORPORATION IS:

P.O. BOX 4196
OCALA, FL 34478

ARTICLE III

PURPOSE

1. WE, THE UNDERSIGNED, DESIRING TO FORM A NONPROFIT CORPORATION TO AID IN COMMUNITY DEVELOPMENT AND AWARENESS DO HEREBY CONSTITUTE OURSELVES A VOLUNTARY NONPROFIT CORPORATION UNDER THE NAME OF FOCUS ON LEADERSHIP ALUMNI ASSOCIATION OF MARION COUNTY, INC.
2. OUR PRINCIPAL PURPOSE IS TO EDUCATE, DEVELOP AND MOTIVATE EMERGING MINORITY LEADERS TO BE INVOLVED AND COMMITTED TO MEETING THE CHALLENGES FACING OUR COMMUNITY.

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TALLAHASSEE, FLORIDA

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ARTICLE IV

MANNER OF ELECTIONS

1. MEMBERSHIP IS OPEN TO ALL PERSONS WHO HAVE PARTICIPATED AND GRADUATED FROM FOCUS ON LEADERSHIP ANNUAL CLASS.
2. DIRECTORS/OFFICERS ARE ELECTED ANNUALLY.
3. THE TERM OF OFFICE FOR A DIRECTOR/OFFICER SHALL BE TWO (2) YEARS. AN INDIVIDUAL MAY SERVE MORE THAN ONE TERM AS A DIRECTOR/OFFICER PROVIDED SUCH SERVICE IS NONSEQUENTIAL.

ARTICLE V

INITIAL DIRECTORS/OFFICERS

NAME AND ADDRESSES:

PRESIDENT - Ovedia Rhoulhac 3256 NE Jacksonville Rd. St.E Ocala, FL 34479
VICE PRESIDENT - Brian Sykes P.O. Box 1294 Ocala, FL 34478
SECRETARY - Paula Fordham P.O. Box 645 Ft. McCoy, FL 32134
TREASURER -- Ricardo Lewis P.O. Box 38 Ocala, FL 34478

ARTICLE VI

INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT:

REGISTERED AGENT

ADDRESS

Ovedia Rhoulhac

3256 NE Jacksonville Rd. Ste. E
Ocala, FL 34479

ARTICLE VII

INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

NAME

ADDRESS

Larmonica Samuel

P.O. Box 38
Ocala, FL 34478

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.

Quedia Khoulbae
Signature/Registered Agent

11-25-02
Date

Janovia Samuel
Signature/Incorporator

11/25/02
Date

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TALLAHASSEE, FLORIDA