

NO5000003935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

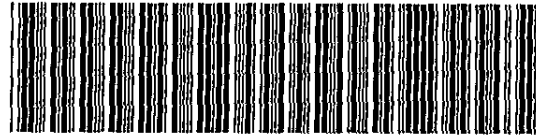
(Business Entity Name)

(Document Number)

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05 MAR 19 PM 3:48
OFFICE OF THE CLERK
STATE OF NEW YORK

T. Hampton APR 18 2005

TRANSMITTAL LETTER

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

SUBJECT: John Watts Owens Memorial Scholarship Trust, 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: Sylvia D. Owens
Name (Printed or typed)
16890 NE 75th Street
Address
Williston, Florida 32696
City, State & Zip
(352) 528-0318
Daytime Telephone number

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:

John Watts Owens Memorial Scholarship Trust, Inc.

05 APR 13 PM 3:58

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*16890 NE 75th Street
Williston, Florida 32696*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Awarding of scholarship money to graduating high school
Seniors for continuing education.*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by the president

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

*Sylvia D. Owens President/Director 16890 NE 75th St Williston, FL 32696
Dallas Owens Vice Pres /Director 16890 NE 75th St Williston, FL 32696
J. Bradley Owens Sec/Treas /Director 16890 NE 75th St Williston, FL 32696*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Sylvia D. Owens
16890 NE 75th Street
Williston, FL 32696*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Sylvia D. Owens
16890 NE 75th Street
Williston, FL 32696*

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.

Sylvia D. Owens
Signature/Registered Agent *Sylvia D. Owens*

4/12/2005
Date

Sylvia D. Owens
Signature/Incorporator *Sylvia D. Owens*

4/12/2005
Date