N09000100109

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| (City/State/Zip/Filloffe #) |
| PICK-UP WAIT MAIL |
| • |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| , |
| |
| |
| WU9-43286 |
| WU1 1500 |

Office Use Only



500160993895

09/25/09--01013--016 **78.75

2009 OCT 13 AM IO: O

tigh havest the men

198



September 28, 2009

ROBERT MCPHERSON, JR. P.O. BOX 899 MOORE HAVEN, FL 33471

SUBJECT: MARY MCPHERSON MEMORIAL SCHOLARSHIP

Ref. Number: W09000043286

We have received your document for MARY MCPHERSON MEMORIAL SCHOLARSHIP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 409A00031526

COVER LETTER

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

| :- | | _ | | |
|--|--|---|---|--|
| SUBJECT: MC | (NCD) (PROPOSED CORPORAT | ENAME MUST INCLU | SE SUFFIX | |
| | • | | | |
| i | ************************************** | | 186 - | |
| | | e es en | | |
| Enclosed is an original a | nd one (1) copy of the Artic | cles of Incorporation and | a check for : | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certified Copy & Certificate | |
| | | ADDITIONAL COPY REQUIRED | | |
| | | | <u></u> | |
| FROM: Robert McPherson Jr. Name (Printed or typed) | | | | |
| | P.O.Box 899 | ddress | - | |
| | M • • • • • • • • • • • • • • • • • • • | T1 321121 | | |

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)

25.

| ARTICLE I NAME | |
|--|--|
| The name of the corporation shall be: | |
| Mary McPherson. Memorial Scholarship, | ENC. Dard |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal street address and mailing address, if different is: | |
| 456 Tobias Ave. | HAL T |
| P.D. BAY 000 | SS 13 |
| P.O. Box 899 Moore Haven F1.33471 | TARY OF S |
| ARTICLE III PURPOSE | AM IO: 02 OF STATE E-FLORID |
| The purpose for which the corporation is organized is: | ORA C |
| Non-profit Scholarship fund | BOCT 13 AM 10: 02 ECRETARY OF STATE LLAHASSEE FLORIDA |
| ARTICLE IV MANNER OF ELECTION | |
| The manner in which the directors are elected or appointed: | |
| Volunteer Appointed | |
| 1010211 1746011120 | |
| | |
| ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS | to a service of the s |
| List name(s), address(es) and specific title(s): | A CONTRACTOR |
| | egina McPherson-Co-Chairmen |
| | |
| V D. 100 k X 3 4 | oth Gamble st. |
| Mars Haven F1: 33471 | noure Hoven, Fl. 33471 |
| Mars Haven F1: 33471 | noure Hoven, Fl. 33471 |
| Moore Haven, F1. 33471 Felicea Caramer | noure Hoven, Fl. 33471 1-Advisor |
| 1,0,00,01 | noure Hoven, Fl. 33471 1-Advisor |
| Moore Haven, F1. 33471 Felicea Caramer | noure Hoven, Fl. 33471 1-Advisor 33471 BET ADDRESS |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREET The name and Florida street address (P.O. Box NOT acceptable) o | noure Hoven, Fl. 33471 1-Advisor 33471 BET ADDRESS |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREE The name and Florida street address (P.O. Box NOT acceptable) of Pobert L. Mc Pherson Jr. | noure Hoven, Fl. 33471 1-Advisor 33471 BET ADDRESS |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREET The name and Florida street address (P.O. Box NOT acceptable) o | noure Hoven, Fl. 33471 1-Advisor 33471 BET ADDRESS |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREET The name and Florida street address (P.O. Box NOT acceptable) of Pobert L. Mc Pherson Lr. 456 Tobas Ave. Moore Hover, FT. 33471 | noure Hoven, Fl. 33471 1-Advisor 33471 BET ADDRESS |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREE The name and Florida street address (P.O. Box NOT acceptable) o Pobert L. Mc Pherson Lr. 456 Tobos Ave. Moore Hover, FT. 33471 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | noure Hoven, Fl. 33471 1-Advisor 33471 BET ADDRESS |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREE The name and Florida street address (P.O. Box NOT acceptable) of Pobert L. Mc Pherson Lr. 456 Tobias Ave. Moore Haven, F1. 33471 ARTICLE VII INCORPORATOR | noure Hoven, Fl. 33471 1-Advisor 33471 BET ADDRESS |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREE The name and Florida street address (P.O. Box NOT acceptable) o Pobert L. Mc Pherson Lr. 456 Tobos Ave. Moore Hover, FT. 33471 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | noure Hoven, Fl. 33471 1-Advisor 33471 BET ADDRESS |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREET The name and Florida street address (P.O. Box NOT acceptable) of the Tobas Ave. Thoore Hoven, FI. 33471 ARTICLE VII INCORPORATOR The name and address of the Incorporator is Robert I. Mc Pherson Jr. | noure Hoven, Fl. 33471 1-Advisor 33471 BET ADDRESS |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREE The name and Florida street address (P.O. Box. NOT acceptable) o Pobert L. Mc Pherson Lr. 456 Tobias Ave. Moore Hoven, F1. 33471 ARTICLE VII INCORPORATOR The name and address of the Incorporator is Pobert L. Mc Pherson Lr. | Core Hoven, Fl. 33471 33471 SET ADDRESS f the registered agent is: |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREE The name and Florida street address (P.O. Box NOT acceptable) o Pobert L. Mc Pherson Lr. 456 Tobias Ave. Moore Hoven, F1. 33471 ARTICLE VII INCORPORATOR The name and address of the Incorporator is Pobert L. Mc Pherson Lr. Pobert L. Mc Pherson Lr. ARTICLE VII INCORPORATOR The name and address of the Incorporator is Pobert L. Mc Pherson Lr. Pobert L. | TOOR Hoven, FI. 33471 33471 BET ADDRESS f the registered agent is: *********************************** |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREE The name and Florida street address (P.O. Box. NOT acceptable) o Pobert L. Mc Pherson Lr. 456 Tobias Ave. Moore Hoven, F1. 33471 ARTICLE VII INCORPORATOR The name and address of the Incorporator is Pobert L. Mc Pherson Lr. | TOOR Hoven, FI. 33471 - Advisor 3347 BET ADDRESS f the registered agent is: *********************************** |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREE The name and Florida street address (P.O. Box NOT acceptable) o Pobert L. Mc Pherson Lr. 456 Tobias Ave. Moore Hoven, F1. 33471 ARTICLE VII INCORPORATOR The name and address of the Incorporator is Pobert L. Mc Pherson Lr. Pobert L. Mc Pherson Lr. ARTICLE VII INCORPORATOR The name and address of the Incorporator is Pobert L. Mc Pherson Lr. Pobert L. | TOOR Hoven, FI. 33471 - Advisor 3347 BET ADDRESS f the registered agent is: *********************************** |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREET The name and Florida street address (P.O. Box NOT acceptable) of Pobert 1. Mc Pherson 1. 456 Tobias Ave. Moore Haven, F1-33471 ARTICLE VII INCORPORATOR The name and address of the Incorporator is P.O. Box 899 Moore Haven, F1-33471 Having been named as registered agent to accept service of process for the about this certificate, I am familiar with and accept the appointment as registered The Management of the Accept the appointment as registered | TOOR Hoven, FI. 33471 - Advisor 3347 BET ADDRESS f the registered agent is: *********************************** |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREE The name and Florida street address (P.O. Box NOT acceptable) o Pobert L. Mc Pherson Lr. 456 Tobias Ave. Moore Hoven, F1. 33471 ARTICLE VII INCORPORATOR The name and address of the Incorporator is Pobert L. Mc Pherson Lr. Pobert L. Mc Pherson Lr. ARTICLE VII INCORPORATOR The name and address of the Incorporator is Pobert L. Mc Pherson Lr. Pobert L. | TOOR Hoven, FI. 33471 - Advisor 3347 BET ADDRESS f the registered agent is: *********************************** |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREET The name and Florida street address (P.O. Box NOT acceptable) of Pobert 1. Mc Pherson 1. 456 Tobias Ave. Moore Haven, F1-33471 ARTICLE VII INCORPORATOR The name and address of the Incorporator is P.O. Box 899 Moore Haven, F1-33471 Having been named as registered agent to accept service of process for the about this certificate, I am familiar with and accept the appointment as registered The Management of the Accept the appointment as registered | TOUR Hoven, FI. 33471 3347 BET ADDRESS If the registered agent is: *********************************** |

Secretario de la compansión de la compan

A CONTRACTOR OF THE STATE OF TH