

N11000000348

(Requestor's Name)

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(City/State/Zip/Phone #)

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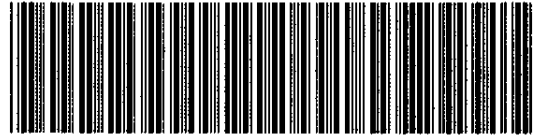
(Business Entity Name)

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2011 JAN 12 PM 4:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

E. Euren JAN 13 2011

COVER LETTER

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

SUBJECT: Herman and Mary G. Allen Community Outreach, 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: DR. Herman Allen
Name (Printed or typed)

6540 Alcester Dr.
Address

New Port Richey, Florida 34655
City, State/ & Zip

727-9374854
727 597-9099 (cell)
Daytime Telephone number

Godherman@aol.com

E-mail address: (to be used for future annual report notification)

Godallen@aol.com

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



RECEIVED

11 JAN 12 PM 12:06

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 5, 2011

DR HERMAN ALLEN
6540 ALCESTER DR
NEW PORT RICHEY, FL 34655

SUBJECT: HERMAN AND MARY G. ALLEN COMMUNITY OUTREACH, INC.
Ref. Number: W11000000505

We have received your document for HERMAN AND MARY G. ALLEN COMMUNITY OUTREACH, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type in the name of the corporation in article I.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of 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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 011A00000310

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Herman and Mary G. Allen Community Outreach, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Dr. Herman Allen
7210 Congress Street
New Port Richey, FL 34653

Mailing address, if different is:
Dr. Herman Allen
6540 Alcester Drive
New Port Richey, FL
34655

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To be an academic program for students in grades K through College. Enrolled students can receive assistance with their homework, formal and informal test preparation, individual and group tutoring and computer skill building.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Founder & President
Address: Dr. Herman Allen
6540 Alcester Drive
New Port Richey, FL 34653

Name and Title: Dr. Radia Dent, Asst. Director
Address: 811 East Lake Club Dr.
Oldsmar, FL 34677

Name and Title: Vice President
Address: Mary G. Allen
6540 Alcester Drive
New Port Richey, FL 34655

Name and Title: Judith Mason, Executive Officer
Address: 3136 - 2nd Ave South
St. Petersburg, FL 33712

Name and Title: Kendrick Allen, Director
Address: 2313 - 139 Ave. N.W.
Sunrise, FL 33323

Name and Title: Nicole Wilson
Address: 6901 FL Camino Paloma St.
Port Richey, FL 34668

ARTICLE VI REGISTERED AGENT

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

Name: Dr. Herman Allen
Address: 6540 Alcester Dr.
New Port Richey, FL 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Herman Allen
Address: 6540 Alcester Dr.
New Port Richey, FL 34655

** ALL directors
are appointed
by the
president of this
organization.*

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

Dr. Herman Allen
Required Signature of Registered Agent

1-8-11
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.

Dr. Herman Allen
Required Signature of Incorporator

1-8-11
Date