

Office Use Only

## COVER LETTER

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

SUBJECT: Collegians Club, Incorporated

(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: Neville Bullard

Name (Printed or typed)

15820 SW 106th Avenue

Address

Miami, FL 33157

City, State & Zip

305 252-7443

Daytime Telephone number

Bullnev@aol.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)

APPROVED  
AND  
FILED

11 JAN 18 PM 1:42

**ARTICLE I NAME** Collegians Club, Incorporated  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
15820 SW 106th Avenue  
Miami, FL 33157

Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To serve as a civic minded organization that promotes the history and commitment of collegians in the Greater Miami area to higher education, community service, leadership, and professional development.

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

Elections are held every two years and voted in by active members.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jimmie Brown, President  
Address: 5640 SW 4th Court  
Plantation, FL 33317

Name and Title: Earl Nottage, Secretary  
Address: 10825 SW 152 Terrace  
Miami, FL 33157

Name and Title: Neville G. Bullard, Treasurer  
Address: 15820 SW 106th Avenue  
Miami, FL 33157

Name and Title: Levi Thomas, Financial Secretary  
Address: 13420 SW 109th Place  
Miami, FL 33176

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Neville G. Bullard  
Address: 15820 SW 106th Avenue  
Miami, FL 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jimmie Brown  
Address: 5640 SW 4th Court  
Plantation, FL 33317

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

[Signature]  
Required Signature of Registered Agent

1-12-2011  
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.

[Signature]  
Required Signature of Incorporator

1-12-2011  
Date

NOTARY PUBLIC-STATE OF FLORIDA  
Ronald J. Capardo  
Commission # DD679446  
Expires: JULY 15, 2011  
NOTARY PUBLIC THROUGH ATLANTIC BONDING CO., INC.