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TALAHASSEE, FLORIDA  
11 MAY 26 PM 12:50

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5/27  
98

## COVER LETTER

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

SUBJECT: Harlem Community Public Library Friends 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: Sylvester Humphrey  
Name (Printed or typed)

P.O.Box 1222

Address

Clewiston, Florida 33440  
City, State & Zip

863 983 5562

Daytime Telephone number

Grace.1700.Hotmail.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)

### ARTICLE I NAME

The name of the corporation shall be: Harlem Community Library Friends INC

### ARTICLE II PRINCIPAL OFFICE

Principal street address

1010 J Harlem Academy Avenue  
Clewiston, Florida 33440

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to organize for charitable and educational purposes, including the making of and distribution of funds to or for the benefit of the Harlem Community Public Library.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: by a majority vote of the members in attendance at the annual meeting from a slate submitted by the nominating committee and nominations from the floor.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: Lois Brown - President
Address: _____	Address: P.O. Box 2044
_____	1050 Virginia Ave.
_____	Clewiston, FL 33440
Name and Title: _____	Name and Title: Barbara Dykes - Vice President
Address: _____	Address: P.O. Box 291
_____	1043 Virginia Ave.
_____	Clewiston, FL 33440
Name and Title: Eleanor Brown - Treasurer	Name and Title: Vermell White- Secretary
Address: P.O. Box 3086	Address: 1053 Texas Ave.
1024 Kentucky Ave.	Clewiston, FL 33440
Clewiston, FL 33440	_____

### ARTICLE VI REGISTERED AGENT

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

Name: Sylvester Humphrey  
Address: 1147 Florida Ave.  
Clewiston, FL 33440

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Emmanuel Menager  
Address: 629 S. W. 21 Terrace  
Cape Coral, FL 33991

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

  
Required Signature of Registered Agent

5/19/2011  
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.

  
Required Signature of Incorporator

5/19/2011  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11 MAY 26 PM 12:50

RECEIVED