

N1200002193

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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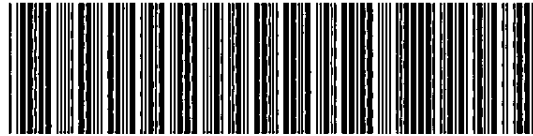
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 27 AM 10:38

Ps 2/28/12

COVER LETTER

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

SUBJECT: Alliance Against Workplace Violence 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: Patricia D Biles
Name (Printed or typed)

4751 NW 21st, #618
Address

Lauderhill, FL 33313-3505
City, State & Zip

954-486-4574
4751 NW 21st, #618 Telephone number

patricia@aawpv.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

Alliance Against Workplace Violence Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4751 NW 21st Street, #618
Lauderhill, Florida 33313-3505

12 FEB 27 AM 10:38
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide educational information on the prevention of workplace violence. This may involve publishing and disseminating books, videos, tapes, utilizing social media, and conducting seminars, classes and conferences.

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

Appointed by the President/CEO

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia D. Biles, President
Address: 4751 NW 21st Street, #618
Lauderhill, Florida 33313-3505

Name and Title: _____
Address: _____

Name and Title: Malcolm D. Biles, Vice-President
Address: 3904 East Capitol Street, NE
Washington, D.C. 20019

Name and Title: _____
Address: _____

Name and Title: Arnold Armstrong, Secy/Treas
Address: 4740 NW 21st Street, #102
Lauderhill, Florida 33313-3505

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: Patricia D. Biles
Address: 4751 NW 21st Street, #618
Lauderhill, FL 33313-3505

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia D. Biles
Address: 4751 NW 21st Street, #618
Lauderhill, FL 33313-3505

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

Patricia D. Biles
Required Signature of Registered Agent

February 20, 2012
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.

Patricia D. Biles
Required Signature of Incorporator

February 20, 2012
Date