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| Certified Copies | Certificates | of Status | | | |
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| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE OF STATE

w12-3/4/1

COVER LETTER

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

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|--|------------------------------|----------------------------|----------------------------|
| PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) Inclosed is an original and one (1) copy of the Articles of Incorporation and a check for : \$70.00 | | | |
| | · · | - | _ |
| Enclosed is an original | and one (1) copy of the Arti | icles of Incorporation and | d a check for: |
| 1 1 | Filing Fee & Certificate of | Filing Fee | Filing Fee, Certified Copy |
| | | ADDITIONAL C | OPY REQUIRED |
| FROM: | HARLEM TURNER SR Name (Pr | rinted or typed) | |
| | P.O. BOX 484 | Address | |
| | LAKE AND FL 33802 | State & Zip | _ |
| , | (813) 309-4638 | | |

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

etlaverne@aol.com E-mail address: (to be used for future annual report notification)

1026 Teleginavite lephone number



June 8, 2012

HARLEM TURNER SR P O BOX 484 LAKELAND, FL 33802

SUBJECT: ROSE HEIGHTS ELKS LODGE #318 INC.

Ref. Number: W12000031411

We have received your document for ROSE HEIGHTS ELKS LODGE #318 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):

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.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

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) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 112A00016287

ARTICLES OF INCORPORATION

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

| The name of the co | orporation shall be: | oage #318 ind | C. | |
|-------------------------|---|-----------------------|---|---------------|
| ARTICLE II | PRINCIPAL OFFICE Principal street address 1026 Texas Avenue | | Mailing address, if different is: P.O. Box 3048 | |
| | Lakeland, Florida 33815-1343 | | Lakeland, Florida_33802 | |
| ARTICLE III | DITEDOSE | ······ | | |
| | which the corporation is organized is: | | | |
| | • | (b | | |
| providing Bei | ssociation to Benefit the community nevolence | tnru supportir | ng the Education of our youth | and |
| ARTICLE IV | MANNER OF ELECTION The manner | in which the direct | tors are elected and appointed: | |
| As stated in t | the Bylaws, (According to the major | ity vote) | | |
| | INITIAL OFFICERS AND/OR DIREC | • | | |
| Name and T | itle: Harlem Turner, Sr. | Name and Ti | tle: Tillman Sander | |
| Address: | itle: <u>Harlem Turner, Sr.</u> PD (President Director) | Address: | T (Trustee) | |
| | P.O. Box 484 | <u>.</u> | 1905 Lavon Street | |
| | Lakeland, Florida 33802 | | Lakeland, Florida 33805 | |
| Name and T | itle:Arthur Laider | Name and Ti | itle: Leonold Morris | |
| Address: | VPD (Vice President Director) | Address: | T (Trustee) | |
| 110010001 | 1726 Lavon Street | | 5523 Starway Loop 33807 | |
| | Lakeland, Florida 33805 | <u> </u> | Lakeland, Florida 33807 | |
| | | | • | |
| Name and T | itle: Keth Boyd | Name and Ti | itle: | |
| Address: | D (Director) P.O. Box 91183 | Address: | | |
| | Lakeland, Florida 33805 | | | |
| | Lakeland, Florida 33003 | | | |
| | REGISTERED AGENT | | = | SEIVIB 38 |
| | orida street address (P.O. Box NOT acceptable |) of the registered a | gent is: | 356 |
| Name: | Harlem Turner, Sr. | | | Sign C |
| Address: | 4075 Gilsson Drive | | | ែ ទទៅក |
|] | Lakeland, Florida 33810 | | Č | |
| | | | 3 | |
| ARTICLE VII | INCORPORATOR | | | 277. 1.7 |
| The <u>name and add</u> | dress of the Incorporator is: | | • | • |
| Name: | Harlem Turner, Sr. | | • | 20 5E |
| Address: | P.O. Box 484 | | • | جر ح |
| | Lakeland, Florida 33802 | | | |
| | | | | |
| Having been nam | ed as registered agent to accept service of pro | ocess for the abov | e stated corporation at the place design | nated in this |
| ertifiçate, I am fa | millar with and accept the appointment as regis | tered agent and ag | ree to act in this capacity | |
| | | | | |
| Harry | m | | 6-18-2012 | |
| / | Required Signature of Registered Agent | t | Date | |
| submit this docu | ment and affirm that the facts stated herein are | e true. I am aware | that any false information submitted in | a document |
| o the Department | of State constitutes a third degree felony as pro | vided for in s.817.1 | iss. F.S. | u uvlumeni |
| | | • ···· | • " | |
| par | - In D | | 6-18-2012 | |
| / / | Required Signature of Incorporat | O F | Date | |