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CORP USA

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Division of Corporations

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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
MIAMI SENIOR HIGH SCHOOL CLASS OF 1963 ALUMNI ASSOCIATION

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COVER LETTER

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

SUBJECT: MIAMI SENIOR HIGH SCHOOL CLASS OF 1963 ALUMNI
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
ASSOCIATION, INC.

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: DOUGLAS MICHIE JOHNSON
Name (Printed or typed)

8000 SW 151 STREET
Address

MIAMI, FLORIDA 33158
City, State & Zip

305 238 9853
Daytime Telephone number

CARYL K. JOHNSON@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

H14000043329 3

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

ARTICLE I NAME

The name of the corporation shall be: MIAMI SENIOR HIGH SCHOOL CLASS OF 1963 ALUMNI ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8000 SW 151 ST.

MIAMI, FL 33158

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PRESERVE INFORMATION + RESOURCES BELONGING TO MIAMI SENIOR HIGH SCHOOL (MHS) CLASS OF 1963, AND TO ENCOURAGE COMMUNICATION + FELLOWSHIP AMONG CLASSMATES.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: SUBSEQUENT DIRECTORS WILL BE ELECTED AT A DIRECTORS MEETING

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARYL JOHNSON, PRESIDENT Name and Title: _____

Address: 8000 SW 151 ST Address: _____
MIAMI, FL 33158

Name and Title: GAIL ELLER, TREASURER Name and Title: _____

Address: 19640 SW 234TH STREET Address: _____
MIAMI, FL 33031

Name and Title: DEE MURRAY, SECRETARY Name and Title: _____

Address: 12285 SW 89th TERRACE Address: _____
MIAMI, FL 33175

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Name and Title: CHRIS RAWLS Name and Title: _____

Address: 12923 SW 112th PLACE Address: _____
MIAMI, FL 33176 _____

Name and Title: JILL BERNH Name and Title: _____

Address: 5329 SW 71st PLACE Address: _____
MIAMI, FL 33155 _____

ARTICLE VI REGISTERED AGENT

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

Name: DOUGLAS MICHELLE JOHNSON
Address: 8000 SW 151 STREET
MIAMI, FL 33158

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARYL K. JOHNSON
Address: 8000 SW 151 STREET
MIAMI, FL 33158

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

Douglas Michelle Johnson
Required Signature of Registered Agent

2/18/2014
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.

Caryl K. Johnson
Required Signature of Incorporator

2/18/2014
Date

SECRETARY OF STATE
ALLIANCE SEE FLORIDA

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