

N14000002742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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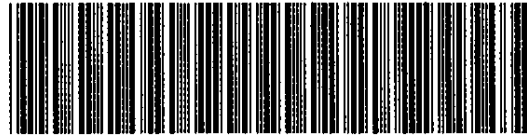
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 19 AM 11:07

\*cc 3/21/14

## COVER LETTER

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

SUBJECT: Dr. Martin Luther King Parade Foundation, 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: Robert Scott  
Name (Printed or typed)

3809 Riverhills Dr  
Address

Tampa, FL 33604  
City, State & Zip

(813) 690-6840  
Daytime Telephone number

scotttravel@tampabay.rr.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: Dr. Martin Luther King Parade Foundation, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

3809 Riverhills Dr  
Tampa, FL 33604

Mailing address, if different is:

P.O. Box 1276  
Tampa, FL 33601-1276

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To honor the memory and legacy of Dr. Martin Luther King Jr. and provide for scholarship awards, community workshops, and a forum to address other topics of community interest

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## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Annual election by the board of directors

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Robert Scott, President</u>	Name and Title:	<u>Kimberly Johnson - Secretary/Treasurer</u>
Address:	<u>3809 Riverhills Dr</u> <u>Tampa, FL 33604</u>	Address:	<u>1718 E. Chelsea</u> <u>Tampa, FL 33610</u>
Name and Title:	<u>Howard Harris, Vice-President</u>	Name and Title:	
Address:	<u>747 Star Pointe Dr</u> <u>Saffner, FL 33584</u>	Address:	
Name and Title:	<u>Katrina House</u>	Name and Title:	
Address:	<u>P.O. Box 172595</u> <u>Tampa, FL 33672</u>	Address:	

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Robert Scott

Address: 3809 Riverhills Dr.

Tampa, FL 33604

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Howard Harris

Address: 747 Star Pointe Dr.

Seffner, FL 33584

*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*

Robert Scott  
Required Signature of Registered Agent

3/09/14  
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.*

Howard Harris  
Required Signature of Incorporator

1/18/17  
Date