

N14000004293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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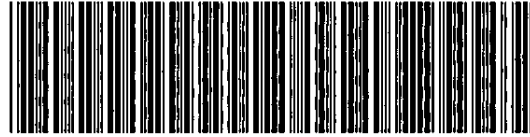
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY - 1 AM 13

6014000023881
5/6/14

COVER LETTER

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

SUBJECT: Pine ridge Color Hospital Museum
(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: Henry McNish
Name (Printed or typed)

4500 Pinewood Ave
Address

West Palm Bch FL 334107
City, State & Zip

(561) 951-4325
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2014

HENRY MCNISH
4500 PINWOOD AVE
WEST PALM BEACH, FL 33407

SUBJECT: PINERIDGE COLOR HOSPITAL MUSEUM
Ref. Number: W14000023881

We have received your document for PINERIDGE COLOR HOSPITAL MUSEUM and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 614A00008088

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

ARTICLE I NAME

The name of the corporation shall be:

Pineledge Color Hospital Museum Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4500 Pinewood Ave
West Palm Beach FL 33407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To honor the voyages of great moments in Black history show casting open untold/overlook black history.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

ELECTED AS STATED IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Henry McNish

Address: 4500 Pinewood Ave

West Palm Beach FL 33407

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR 13 4 00 PM '14

ARTICLE VI REGISTERED AGENT

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

Name: HENRY MCNISH

Address: 4500 PINEWOOD AVE

WEST PALM BEACH FL 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HENRY MCNISH

Address: 4500 Pinewood Ave
West Palm Beach FL 33407

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

Henry A. McNish SA.

Required Signature of Registered Agent

APRIL 8, 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.

Henry A. McNish SA.

Required Signature of Incorporator

APRIL 8, 2014

Date