

N15 00005345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

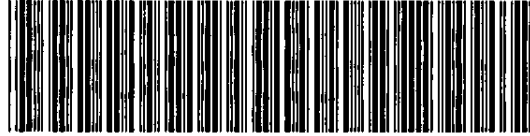
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

WTS000031469

XCV

5/28/15

## COVER LETTER

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

**SUBJECT:** MHS CLASS 64 SCHOLARSHIP, 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:** Non Profit Advisor Group, Inc.

\_\_\_\_\_  
Name (Printed or typed)

PO BOX 370818

\_\_\_\_\_  
Address

LAS VEGAS NEVADA 89137

\_\_\_\_\_  
City, State & Zip

702-494-8533

\_\_\_\_\_  
Daytime Telephone number

service@nonprofitadvisor.org

\_\_\_\_\_  
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

May 4, 2015

NON PROFIT ADVISOR GROUP, INC.  
P.O. BX 370818  
LAS VEGAS, NV 89137

SUBJECT: MHS CLASS 64 SCHOLARSHIP, INC.  
Ref. Number: W15000031469

We have received your document for MHS CLASS 64 SCHOLARSHIP, 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.

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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 415A00009166

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

**ARTICLE I NAME**

The name of the corporation shall be: MHS CLASS 64 SCHOLARSHIP, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

78 BEAVER LAKE CIRCLE

ORMOND BEACH, FLORIDA 32174

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: See attachment:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

As provided for in the Bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GREGORY C. HARRIS, PRESIDENT Name and Title: \_\_\_\_\_

Address: 78 BEAVER LAKE CIRCLE Address: \_\_\_\_\_  
ORMOND BEACH, FLORIDA 32174

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

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

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

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

### ARTICLE III

The purpose for which the corporation is organized is to provide a scholarship program for graduates of MHS.

Said organization is organized and operated exclusively for charitable, religious, educational and scientific purposes including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in these Articles. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of this corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of this organization is then located, exclusively for such purposes or to such organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

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: GREGORY C. HARRIS  
Address: 78 BEAVER LAKE CIRCLE  
ORMOND BEACH, FLORIDA 32174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GREGORY C. HARRIS  
Address: 78 BEAVER LAKE CIRCLE  
ORMOND BEACH, FLORIDA 32174

*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*

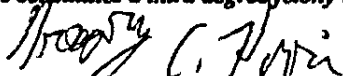


Required Signature of Registered Agent

APRIL 16, 2015

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.*



Required Signature of Incorporator

APRIL 16, 2015

Date