

# NIS000006580

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(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 07 2015

W PAINTER

## COVER LETTER

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

**SUBJECT:** Stanley Family Reunion, 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:** Anthony G. Stanley, MD  
\_\_\_\_\_  
Name (Printed or typed)

4930 NW 15th Ave  
\_\_\_\_\_  
Address

Miami, Florida 33142  
\_\_\_\_\_  
City, State & Zip

(305) 635-2261  
\_\_\_\_\_  
Daytime Telephone number

tuff57@msn.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: Stanley Family Reunion, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

4930 NW 15th Ave

Miami, Florida 33142

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To bring the members of the Stanley Family Reunion into closer association through social and historical activities.

The organization meets every two years to elect officers, make longevity businesses decisions, provide educational scholarships to needy students. The biannual meetings are attended by the general membership, fees are implemented to help finance the reunion programs and to provide pleasurable experience(s) during the stanchioned gatherings of the members.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Directors are elected :  
and retained by membership voting.

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

Name and Title: George M. Stanley

Address 4930 NW 15th Ave  
Miami, Florida 33142

Name and Title: Gloria Huzzie-Strozier

Address: 211 Cleveland Drive  
La Grange, GA 30240

Name and Title: Jacqueline Stanley

Address 4930 NW 15th Ave  
Miami, Florida 33142

Name and Title: Courtney Wilkinson

Address: 583 Leonard Road  
La Grange, GA 30241

Name and Title: Donald L. Huzzie SR. (President)

Address 4303 NW 202 Street  
Miami Gardens , Fl 33055

Name and Title: Jounice P. Dunson-Morris

Address: 3851 NW 187th Street  
Miami Gardens, Fl 33055

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FLORIDA

Name and Title: Virginia Smith  
Address: 110 Wolverine Ct.  
La Grange, GA 30241

Name and Title: Stanley Shepherd  
Address: 219 Peachtree Street  
La Grange, GA 30241

Name and Title: George Morris  
Address: 3851 NW 187th Street  
Miami Gardens, Fl 33055

Name and Title: Brenda Wilkinson  
Address: 583 Leonard Road  
La Grange, GA 30241

**ARTICLE VI REGISTERED AGENT**

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

Name: Anthony G. Stanley, MD  
Address: 4930 NW 15th Ave  
Miami, Fla. 33142

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Anthony G. Stanley, MD  
Address: 4930 NW 15th Ave  
Miami, Fla. 33142

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TALLAHASSEE, FL 32399

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: July 1st, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Anthony G. Stanley, MD  
Required Signature of Registered Agent

July 1st, 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.*

Anthony G. Stanley, MD  
Required Signature of Incorporator

July 1st, 2015  
Date