

N15000008752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

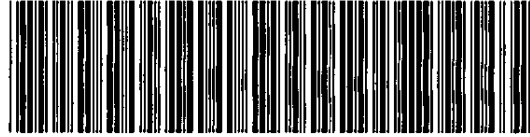
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COVER LETTER

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

SUBJECT: LAA OMEGA PSI PHI 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: DWIGHT HARRIS
Name (Printed or typed)

684 NORMANDY #0
Address

DELRAY BEACH, FL. 33484
City, State & Zip

310-980-2509
Daytime Telephone number

DWIGHT HARRIS 95@YAHOO.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: LAA OMEGA PSI PHI FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

684 NORMANDY #0
DELRAY BEACH, FL. 33484

Mailing address, if different is:

684 NORMANDY #0
DELRAY BEACH, FL. 33484-4723

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROMOTE THE PRINCIPLES OF
MANHOOD, SCHOLARSHIP, PERSEVERANCE AND UPLIFT, FOR
YOUNG BLACK MALES IN THE U.S., PRIMARILY IN
SOUTH FLORIDA BY OFFERING EDUCATIONAL AND
FINANCIAL ASSISTANCE

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: ANNUALLY
BY A SELECTED BOARD OF DIRECTORIES APPOINTED BY
THE PRESIDENT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

DWIGHT HARRIS - PRESIDENT

Name and Title:

Address

686 NORMANDY #0
DELRAY BEACH, FL.
33484-4723

Address:

Name and Title:

DWIGHT HARRIS, SECRETARY

Name and Title:

Address

686 NORMANDY #0
DELRAY BEACH, FL.
33484-4723

Address:

Name and Title:

DWIGHT HARRIS, TREASURER

Name and Title:

Address

686 NORMANDY #0
DELRAY BEACH, FL.
33484-4723

Address:

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

DWIGHT HARRIS

Address:

686 NORMANDY #0

DELRAY BEACH, FL. 33484-4723

ARTICLE VII INCORPORATOR

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

Name:

DWIGHT HARRIS

Address:

686 NORMANDY #0

DELRAY BEACH, FL. 33484-4723

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Dwight Harris

Required Signature of Registered Agent

AUGUST 30, 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.

Dwight Harris

Required Signature of Incorporator

AUGUST 30, 2015

Date