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## COVER LETTER

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

SUBJECT:	AlFred Trent Mallory Foundation
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)
	Incorporated

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

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Dr. Beverly Y. McClain
Name (Printed or typed)

901 S.W. 128th Ter.#404A

Address

Pembroke Pines, FL. 33027

City, State & Zip

(347) 743-1339 Cell.

Daytime Telephone number

BYMCClain (2001. Com

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

## ARTICLES OF INCORPORATION

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

The name of the corporation shall be: AlFred Trent Malbry Foundation INC.				
ARTICLE II PRINCIPAL OFFICE				
Principal street address:  901 S.W. 128th Ter. # 404A  Mailing address, if different is:  Principal street address:  A street a				
Pembroke Pines, FL 33027 N/A 500 3				
The purpose for which the corporation is organized is: raise Funds to assist our feterans				
Will receive financial dunations to assist wherent				
find suffities & clothes. The elderly will receive				
Similar assistance as needed. The youth of our				
Communities will receiving mentoring, outreach,				
tuturing, school supplies, clothes & fixancial assistance need				
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The director Dr. Mcc.				
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS				
Name and Title: Dr. Boverly Y. McClain Name and Title: Director				
Address 901 S.W. 128 th Ter. #4041				
Pembroke tines, FL				
Name and Title: MS, Bria Y. McClain Name and Title: Director				
Address 901 S.W. 128th Ter.#404A Address:				
Pembroke Pines, FL				
33027				
Name and Title: MS: Mchele Smith Name and Title: Director  Address la 7 Manhatan Are # 100  Address:				
RIKKIN N.I.1. 11206				

Name and Title:	Name and Title:	<del></del>
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	
Name: <u>Dr. Beverl</u> Address: 90/5w.12	Box NOT acceptable) of the registered agent is:    Y   McClain     SHA Ter. #404/A   Dines, FL 33027	16 JAN 26 PH 3: SECRE ARSSEE FLO
ARTICLE VII INCORPORATOR		7.5 <b></b> (
The name and address of the Incorporator	is:	<b>岩岩 6</b>
Name: Br. Beverly	y Y. Mcclain	<b>v</b>
Address: 901 S.W. Pembroke P	128th Ter.#464A ines, FL 33027	
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filin (If an effective date is listed, the date mu after the filing.)	g:, (OPTIONAL st be specific and cannot be more than five busine	
Note: If the date inserted in this block doe document's effective date on the Departme	s not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
	o accept service of process for the above stated corne appointment as registered agent and agree to act i	
Plus Required Signati	ure of Registered Agent	
	facts stated herein are true. I am aware that any fal rd degree felony as provided for in s.817.155, F.S.	se information submitted in a document
	ignature of Incorporator	1-22-20/6
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