

N16000005127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

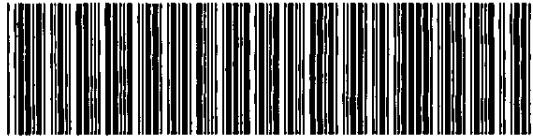
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Melrose Charitable 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: Lucille Pollard
Name (Printed or typed)

271 E Oakland Park Blvd.
Address

Oakland Park, FL 33334
City, State & Zip

(954) 563-1303
Daytime Telephone number

loup@melrosesupply.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: Melrose Charitable Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
271 E Oakland Park Blvd.

Oakland Park, FL 33334

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our purpose is to give back to the community by assisting individuals with physical, educational, spiritual or emotional needs.

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

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

As set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dominick Pagano - President
Address: 339 NE 8th Ave.
Delray Beach, FL 33483

Name and Title: John Howard - Treasurer
Address: 9412 N Calliandra Dr.
Boynton Beach, FL 33436

Name and Title: Lucille Pollard - Secretary
Address: 415 Ocean Breeze St.
Lake Worth, FL 33460

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE FLORIDA

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: Lucille Pollard

Address: 415 Ocean Breeze St.

Lake Worth, FL 33460

ARTICLE VII INCORPORATOR

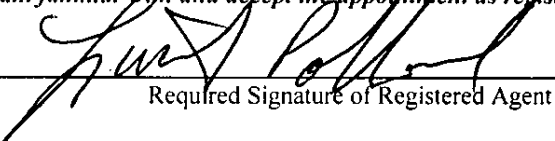
The name and address of the Incorporator is:

Name: Lucille Pollard

Address: 415 Ocean Breeze St.

Lake Worth, FL 33460

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

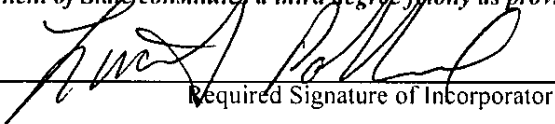


Required Signature of Registered Agent

5/12/16

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

5/12/16

Date