

N16000007572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

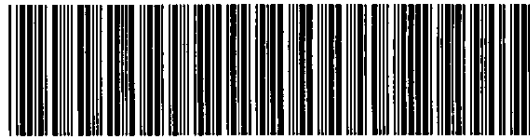
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500287983335

07/18/16--01017--003 \*\*70.00

FILED  
CLERK OF STATE  
JUL 19 2016  
15:11:02 AM 0:30

W16-051800

CE/03/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2016

JOSEPH WARD  
P.O. BOX 5442  
TALLAHASSEE, FL 32314

SUBJECT: ON THE SHOULDERS OF GIANTS, INC.  
Ref. Number: W16000051800

We have received your document for ON THE SHOULDERS OF GIANTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 316A00015554

RECEIVED  
16 AUG -2 PM 12:33  
TALLAHASSEE, FLORIDA

(850) 245-6052

Tallahassee, FL 32301  
(850) 245-6052

**COVER LETTER**

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

**SUBJECT:** On the Shoulders of Giants, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

x ☐ \$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:** Joseph A. Ward  
Name (Printed or typed)

P.O. Box 5442  
Address

Tallahassee, FL 32314  
City, State & Zip

850-363-1516  
Daytime Telephone number

Josephward84@live.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)

FILED  
SECRETARY OF STATE  
16 AUG -2 AM 8:30

**ARTICLE I NAME**

The name of the corporation shall be: \_\_\_\_\_ On the Shoulders of Giants, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

\_\_\_\_\_ 2441 Roberts Avenue\_APT # 706

\_\_\_\_\_ P.O. Box 5542

\_\_\_\_\_ Tallahassee, FL 32310

\_\_\_\_\_ Tallahassee, FL 32314

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_ On the Shoulders of Giants, Inc. is hereby established as a national non for profit organization for the purpose of providing an innovative informative approach to educating middle school, high school, college age and young adults, about the history , culture, influence and impact of the heroes of the African diaspora.

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

- i. An initial Board of Trustees shall be established for the corporation by manner of appointment, and ratified by a vote of the initial members of the corporation.
- ii. Subsequent Trustees shall be selected by way of election. Individual members of the Board of Trustees shall be charged with nominating new members. New members of the board shall be elected by majority vote of the trustees present at the time of election.
- iii. The duties/responsibilities, qualifications, terms of office, and dismissal of officers shall be outlined in the bylaws of the organization. \_\_\_\_\_

---

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

Name and Title: Joseph Ward/ Founder/CEO/ Board Chairman Name and Title:

Address P.O. Box 5442 Address:

Tallahassee, FL 32314

Name and Title: Patrick Irvine/President

Title: Name and

Address 4509 Fair Springs Road

Address:

Charlotte, NC

Name and Title: Delaitre Hollinger/ Vice President

Title: Name and

Address 501 Alpha Avenue Address:

Tallahassee, FL 32305

Name and Title: Inez Ward/Secretary

Name and Title:

Address P.O. Box 5442 Address:

Tallahassee, FL 32314

Name and Title: Wallace Ward/Treasurer

Name and Title:

Address 1412 Ramble Brook Road

Address:

Tallahassee, FL 32301

**ARTICLE VI REGISTERED AGENT**

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

Name: Joseph A. Ward

Address: 2441 Roberts Avenue APT  
#706 Tallahassee, FL  
32310

**ARTICLE VII INCORPORATOR**

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

Name: Joseph A. Ward

Address: P.O. Box 5442  
Tallahassee, FL 32314

FILED  
DEPT. OF STATE  
TALLAHASSEE, FL  
16 AUG -2 AM 8:30

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/16/2016 (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*

Joseph A. Ward  
Required Signature of Registered Agent

8/1/16  
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.*

Joseph A. Ward  
Required Signature of Incorporator

8/1/16  
Date