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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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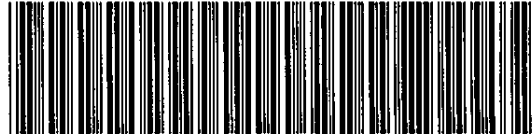
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8/15/16

COVER LETTER

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

SUBJECT: Pearls of Ruth 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: Melicia Charleston

Name (Printed or typed)

4808 Cohune Palm Ct.

Address

Greenacres, FL 33463

City, State & Zip

561-385-0832

Daytime Telephone number

charlest_m@firm.edu

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: Pearls of Ruth Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4808 Cohune Palm Ct. Greenacres, FL 33463

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Pearls of Ruth Foundation, Inc. is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. The purpose is to aid students, families, and community service projects. The projects will consist of , but shall not be limited to, academic scholarships, programs for women and girls, and other programs that may assist those individuals in need.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Initial board of directors appointed and will serve their term, at which successors will be nominated and elected.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Melicia Charleston, President</u>	Name and Title:	<u>Leola Horton, Vice President</u>
Address	<u>4808 Cohune Palm Ct.</u> <u>Greenacres, FL 33463</u>	Address:	<u>4808 Cohune Palm Ct.</u> <u>Greenacres, FL 33463</u>
Name and Title:	<u>Kawona Burrell, Secretary</u>	Name and Title:	<u>Yolainya Murphy, Financial Secretary</u>
Address	<u>719 Sunny Pine Way B3</u> <u>Greenacres, FL 33463</u>	Address:	<u>221 SE 3rd Ave. Apt 1-B</u> <u>Boynton Beach, FL 33435</u>
Name and Title:	<u>Denise Miller, Treasurer</u>	Name and Title:	<u>JeTawn Shannon, Parliamentarian</u>
Address	<u>421 NE 26th Ave.</u> <u>Boynton Beach, FL 33435</u>	Address:	<u>6209 Jaipur Ct.</u> <u>Boynton Beach, FL 33437</u>

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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2007

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: Leola Horton
Address: 4808 Cohune Palm Ct.
Greenacres, FL 33463

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Melicia Charleston
Address: 4808 Cohune Palm Ct.
Greenacres, FL 33463


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


Required Signature of Registered Agent

7/30/16
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

7/30/16
Date