

N16 0000010762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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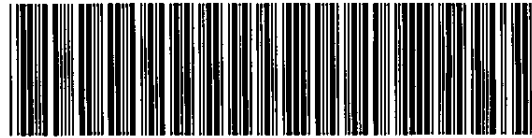
(Business Entity Name)

(Document Number)

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

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FILED  
2016 OCT 31 AM 9:25  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

V HERRING  
NOV - 2 2016

## COVER LETTER

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

**SUBJECT:** The Sarcoidosis Covenant, 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:** Support {Yippiekiyay Nonprofit Solutions}

Name (Printed or typed)

9200 E. Mineral Ave. Unit #101

Address

Centennial, CO 80112

City, State & Zip

(855) 893-3093

Daytime Telephone number

chap.chapman@gmail.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: The Sarcoidosis Covenant, INC.

FILED

## **ARTICLE II PRINCIPAL OFFICE**

Principal street address:

3625 Alafaya Heights Rd Unit 233

Orlando, FL 32828

Mailing address, if different is:

2016 OCT 31 AM 9:25

ALLAHASSEE, FLORIDA

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To raise awareness and to enlist the public's aid for the needs of Sarcoidosis(SARC)

patients and families.

## **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

As provide for in bylaws.

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

Name and Title: Abraham Chapman Jr, Pres.

Name and Title: \_\_\_\_\_

Address 3625 Alafaya Heights Rd

Address: \_\_\_\_\_

Unit 233

Orlando, FL 32828

Name and Title: Benny Brooks, Director

Name and Title: \_\_\_\_\_

Address 3625 Alafaya Heights Rd

Address: \_\_\_\_\_

Unit 233

Orlando, FL 32828

Name and Title: Antonio Bullock, Director

Name and Title: \_\_\_\_\_

Address 3625 Alafaya Heights Rd

Address: \_\_\_\_\_

Unit 233

Orlando, FL 32828

Purpose and Dissolution Clause as required by IRS:

Purpose Clause:

*"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.*

Dissolution Clause:

*" Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."*

Name and Title: James Harper Secretary/Treasurer Name and Title: \_\_\_\_\_

Address: 3625 Alafaya Heights Rd Address: FILED  
Unit 233  
Orlando, FL 32828

2016 OCT 31 AM 9:25

SECRETARY OF STATE  
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: Abraham Chapman Jr  
Address: 3625 Alafaya Heights Rd Unit 233  
Orlando, FL 32828

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Abraham Chapman Jr  
Address: 3625 Alafaya Heights Rd Unit 233  
Orlando, FL 32828

*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*

*Abraham Chapman, Jr.*

\_\_\_\_\_  
Required Signature of Registered Agent

Sep 25, 2016

\_\_\_\_\_  
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.*

*Abraham Chapman, Jr.*

\_\_\_\_\_  
Required Signature of Incorporator

Sep 25, 2016

\_\_\_\_\_  
Date