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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

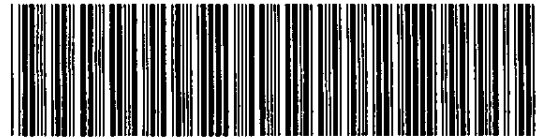
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AND  
FILED  
17 APR -3 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: The Grandparents' Club of Florida 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: Karen McKenzie  
Name (Printed or typed)

19710 NW 52nd Place  
Address

Miami FL 33055  
City, State & Zip

305-785-2831  
Daytime Telephone number

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 Grandparents' Club of Florida Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

19710 NW 52nd Place  
Miami FL 33055

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is organized exclusively  
for charitable, religious, educational  
and scientific purposes.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By a vote at board meeting

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen McKenzie P Name and Title: Dawn Smith D

Address: 19710 NW 52nd Place Address: 1361 NW 202 St.  
Miami FL 33055 Miami Gardens  
FL 33169

Name and Title: Dorothy Biggers D Name and Title: Althea Whittingham D  
Address: 1938 NW 89 Terrace Address: 4755 Village Way  
Miami 33142 Davie FL 33314

Name and Title: Mary El Amin D Name and Title: Valdene Wilson  
Address: 4300 SW 92 Ave. Address: 250 NW 182 Terrace  
Davie FL 33328 Miami FL 33169

FILED  
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RECORDED  
17 APR -3 AM 8:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: Karen McKenzie  
Address: 19710 NW 52nd Place  
Miami FL 33055

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Karen McKenzie  
Address: 19710 NW 52nd Place  
Miami FL 33055

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3/21/17. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

x Karen A McKenzie 3/27/17  
Required Signature of Registered Agent 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.*

x Karen A McKenzie 3/27/17  
Required Signature of Incorporator Date