

N170000004105

(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



100295784801

03/06/17--01039--012 **87.50

FILED
17 APR 14 PM 3:23
FBI - BOSTON

APR 14 2017

T SCHROEDER

COVER LETTER

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

SUBJECT: GREATER BETHLEHEM GRAND CHAPTER, OES., 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: MILDRED A. SMITH
Name (Printed or typed)

P.O. Box 5786
Address

GAINESVILLE, FL 32627
City, State & Zip

904-378-6843
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: GREATER BETHLEHEM GRAND CHAPTER, OES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

113 MURRAY ROAD
POMONA PARK, FL 32181

Mailing address, if different is:

PO BOX 5786
GAINESVILLE, FL 32627

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE CHARITABLE AND BENEVOLENT
SERVICES TO SUCH ORGANIZATIONS AS THE AMERICAN CANCER
SOCIETY, SICKLE CELL FOUNDATION. THIS ALSO INCLUDES
COLLEGE SCHOLARSHIPS

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ELECTION
IS HELD THROUGH NOMINATION OR ACCLAMATION

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MILDRED A. SMITH, PD Name and Title: PATRICIA A. HARRELL (S)

Address: PO BOX 5786 Address: 1630 W 32ND ST
GAINESVILLE, FL 32627 JACKSONVILLE, FL
32209

Name and Title: JERALD DEWONEY, DV Name and Title: CONNIE ARLINE (T)

Address: PO BOX 211 Address: 4520 JOHNSON RD
CRESCENT CITY, FL CALLAHAN, FL 32011
32112 TREASURER

Name and Title: PORTIA GROSS, DV Name and Title: _____

Address: 1530 NW 4TH AVE Address: _____
#18F
MIAMI, FL 33136

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: MILDRED A. SMITH

Address: 4232 NW 20TH ST.

GAINESVILLE, FL 32605

ARTICLE VII INCORPORATOR

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

Name: MILDRED A. SMITH

Address: 4232 NW 20TH ST

GAINESVILLE FL 32605

17 APR 16 PM 3:23
CLERK OF COURT - FLORIDA
GAINESVILLE

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 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

Mildred A. Smith

Required Signature of Registered Agent

01 MARCH 2017

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.

Mildred A. Smith

Required Signature of Incorporator

01 MARCH 2017

Date