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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 26 2017

T SCHROEDER

COVER LETTER

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

SUBJECT: Harold S. Robinson Foundation
(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: Monica Robinson
Name (Printed or typed)

2703 Weyland Circle
Address

Pensacola FL 32526
City, State & Zip

850 316 7454
Daytime Telephone number

hicklandtrucking@icloud.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: Harold S. Robinson Foundation Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2703 Weyland Circle

same

Pensacola FL 32526

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Feed and Clothe the less fortunate

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: voted yearly

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P Monica Robinson

Name and Title: VP. Willie Kirkland

Address 2703 Weyland Circle

Address: 2703 Weyland Circle

Pensacola FL 32526

Pensacola FL 32526

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Monica Robinson

Address: 2703 Wayland Circle

Pensacola FL 32526

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monica Robinson

Address: 2703 Wayland Circle

Pensacola FL 32526

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4-26-17 (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

Monica Robinson

Required Signature of Registered Agent

4-26-17

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.

Monica Robinson

Required Signature of Incorporator

4-26-17

Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA