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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M! BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113 Fax Number : (215)977-9386

er the email address for this pusiness entity to be used its annual report mailings. Enter only one email address please.** **Enter the email address for this business entity to be used for future

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FLORIDA PROFIT/NON PROFIT CORPORATION Haverford High Alumni Association, Inc.

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M BURR KEIM CO (((H170002610253)))

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the	NAME ecorporation shall be: Haverford Hig	gh Alumni Associa	tion. Inc.	
	PRINCIPAL OFFICE			
10411	Principal <u>street</u> address: I S.W. 123rd Street		Mailing address, if differ P.O. Box 560032	rent is:
Mian	si, FL 33176		Miami, FL 33256	
ARTICLE III The purpose fo	PURPOSE or which the corporation is organized	is: Alumni associ:	ation	
ARTICLE IV	MANNER OF ELECTION The	e manner in which t	he directors are elected and appointed	As per the bylaws
ARTICLE V	Joel Perlish, President		d Title:	
Name and Title: 18 Springhouse Lane Havertown, PA 19083		Address:	18 Springhouse Lane	
	Addless.	Havertown, PA 19083		
Name and Title	David Weston, Secretary	Name an	d Title: David Weston, Director	
Address	P.O. Box 560032	Address:	P.O. Box 560032	
	Miami, FL 33256		Miami. FL 33256	
Name and Title	David Weston, Treasurer	Name an	d Title:	
Address	P.O. Box 560032	Address:		
Mis	Miami. FL 33256			

M BURR KEIM CO

(((H17C002610253)))

Name and Title:_		Name and Title.
Address _		Address:
_	<u> </u>	
_		
Name and Tistas		Name and Title:
Address _		
-		-
_		
ARTICLE VI	REGIȘTERED ACENT	
The name and F	orida street address (P.O. Box NOT acce	eptable) of the registered agent is:
Name:	David Weston	
Address:	10411 S.W. 123rd Street	<u> </u>
	Miami, FL 33176	
	INCORPORATOR Idress of the Incorporator is:	·
Name:	David Weston	
Address:	P.O. Box 560032	
• • •	Miami, FL 33256	
ARTICLE VIII	EFFECTIVE DATÉ:	
Effective date, if	other than the date of filing:	. (OPTIONAL) nd cannot be more than five days prior or 90 days after the filing.)
(11 211 Ellective t	race is noted, the date mass of specific as	g,
Note: If the date	inserted in this block does not meet the ap	pplicable statutory filing requirements, this date will not be listed as the
	tive date on the Department of State's reco	
Having been no	med as registered agent to accept service	e of process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity
cernjicuse, i am	amiliar was unaggeorge	
	Required Signature of Registere	
I submit this doc	ument and affirm that the facts stated he	rein are true. I am aware that any false information submitted in a document
to the Departme	ni of State constitutes a third degree felon	y as provided for in 2017.1995 in
	Required Signature of Inco	orporator Dute
	•	I .