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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Royal Doves, 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: Dr. Tiffini Ferdinand

Name (Printed or typed)

19320 SW 54th Street

Address

Miramar, Florida 33029

City, State & Zip

(305) 965-1396

Daytime Telephone number

upsilonalphazeta@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: Royal Doves, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
19320 SW 54th Street

Miramar, Florida 33029

Mailing address, if different is:
Post Office Box 245326

Pembroke Pines, Florida 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to serve and uplift underserved members of the community through educational scholarships, community outreach via youth development, leadership development, professional development, family services, women's health and wellness, domestic violence support, eldercare and special needs services.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: based on bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ferdinand, Dr. Tiffini/ Director

Address 19320 SW 54th Street
Miramar, Florida 33029

Name and Title: Pennie, Seandra/ Director

Address: 2262 NW 103 Street
Miami, Florida 33147

Name and Title: Bartlett, Paulette/ Director

Address 17201 NW 10th Court
Miami Gardens, Florida 33169

Name and Title: Toomer, Pamela/ Director

Address: 17394 SW 31st Ct
Miramar, Florida 33029

Name and Title: Bell-Williams, Tiajuana/ Director

Address PO Box 8694
Coral Springs, Florida 33075

Name and Title: Williams, Francine/ Director

Address: 5027 SW 167th Ave.
Miramar, FL 33027

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Name and Title: Fung, Darlene/ Director Name and Title: Simmonds, Shirley/ Director

Address: 9221 Andora Dr Address: 3541 NW 94 Avenue
Miramar, Florida 33025 Sunrise, Florida 33351

Name and Title: Wesley, Sharon/ Director Name and Title: _____

Address: 23865 SW 117 Ct. Address: _____
Homestead, Florida 33032

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Dr. Tiffini Ferdinand
Address: 19320 SW 54th Street
Miramar, Florida 33029

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Dr. Tiffini Ferdinand
Address: 19320 SW 54th Street
Miramar, Florida 33029


ARTICLE VIII EFFECTIVE DATE: 01/01/2018

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


Required Signature of Registered Agent

11/28/2017
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.


Required Signature of Incorporator

11/28/2017
Date