

N19000008711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

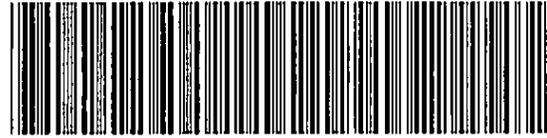
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301
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Date: August 16, 2019

Account#: 120000000088

Name: KEN HOWELL

Reference #: 1116861

Entity Name: PHD SCHOLARSHIP FOUNDATION, INC.

~~Articles of Incorporation/Authorization to Transact Business~~

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

**ISSUES? CALL
KEN:
518-213-0738**

Authorized Amount: **\$70.00**

Signature: [Handwritten Signature]

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME
The name of the corporation shall be: PHD Scholarship Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
9380 Affirmed Ln., Boca Raton, FL 33496

Mailing address, if different

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is a not-for-profit corporation and shall operate exclusively for educational and charitable purposes within the meaning of Section 501 (c)(3) of the Internal Revenue Code, as amended.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William A. Harper, Director

Address: 9380 Affirmed Ln.
Boca Raton, FL 33496

Name and Title: William G. Harper, Director

Address: 9380 Affirmed Ln
Boca Raton, FL 33496

Name and Title: Nicholas G. Harper, Director

Address: 9380 Affirmed Ln.
Boca Raton, FL 33496

Name and Title: Nicholas G. Harper, President

Address: 9380 Affirmed Ln.
Boca Raton, FL 33496

Name and Title: Nicholas G. Harper, CFO

Address: 9380 Affirmed Ln.
Boca Raton, FL 33496

Name and Title: Nicholas G. Harper, Secretary

Address: 9380 Affirmed Ln.
Boca Raton, FL 33496

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: William G. Harper

Address: 9380 Affirmed Ln., Boca Raton, FL 33496

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nicholas G. Harper

Address: 9380 Affirmed Ln., Boca Raton, FL 33496

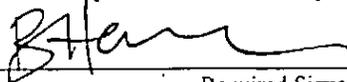
ARTICLE VIII EFFECTIVE DATE:

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

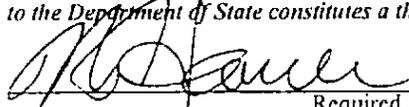


Required Signature of Registered Agent

8/15/19

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

8/15/19

Date