

N20000008290

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(Address)

(Address)

(City/State/Zip/Phone #)

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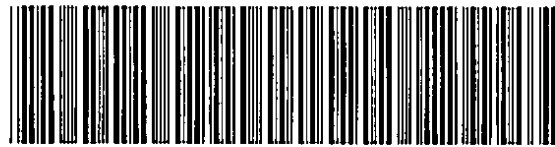
(Business Entity Name)

(Document Number)

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01/21/20 10:003-001 10:00

Derrick Thompson

COVER LETTER

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

SUBJECT: Pink Pearls of the Emerald Coast 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: Angie Onianwa

Name (Printed or typed)

2847 Jack Nicklaus Way

Address

Shalimar, FL 32579

City, State & Zip

850-974-7678

Daytime Telephone number

angieonianwa@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: Pink Pearls of the Emerald Coast Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2847 Jack Nicklaus Way

Shalimar, FL. 32579

Mailing address, if different is:

P.O. Box 2702

Fort Walton Beach, FL. 32549

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to operate exclusively for charitable and educational purposes within the meaning of the Internal Revenue Code Section 501(c)(3), and exclusively for the benefit of, to perform the functions of,

and/or to carry out the purposes of the national organization of Alpha Kappa Alpha Sorority, Inc and the Sigma Omicron Omega

Chapter of Alpha Kappa Alpha Sorority, Inc., of Fort Worth Beach, Florida.

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

The term of office shall be two (2) years. Nominations will be taken from the floor to fill vacancies that occur before the end of the two (2)-year term. No member shall hold an office or chair a committee for more than two (2) consecutive terms (4 years) unless no other Soror desires to assume the office position.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cheryl Seals, President

Address 190 Conquest Avenue

Crestview, FL 32536

Name and Title: Evelyn Douglas, Vice President

Address: 29 Derby Downs Circle

Niceville, FL. 32578

Name and Title: Charmeeeka Scroggins, Secretary

Address 4315 StraightArrow Road

Bevercreek, OH. 45430

Name and Title: Lesley Sasser, Treasurer

Address: 203 Hill Avenue Northwest

Fort Walton Beach, FL 32548

Name and Title: Robyn Stakley, Assistant Secretary

Address 2913 Murray Lane

Crestview, FL 32539

Name and Title: Angela W. Cathey, Asst. Treasurer

Address: 393 Blessinger Drive

Fort Walton Beach, FL 32547

Name and Title: Nakari Belliveau, Corresponding Sec
Address: 72 Hidden Cove Lane
Valparaiso, FL 32580

Name and Title: Orlinoy Llanos, Parliamentarian
Address: 73 7th Avenue
Shalimar, FL 32579

Name and Title: Angie Onianwa, Reporter
Address: 2847 Jack Nicklaus Way
Shalimar, FL 32579

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Angie Onianwa
Address: 2847 Jack Nicklaus Way
Shalimar, FL 32579

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Jaquith Ross
Address: 3946 N 70th St
Milwaukee, WI 53216

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 named 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

Angie Onianwa
Required Signature of Registered Agent

7/8/20
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.

Jaquith Ross
Required Signature of Incorporator

7/8/20
Date