

N20 006 008337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

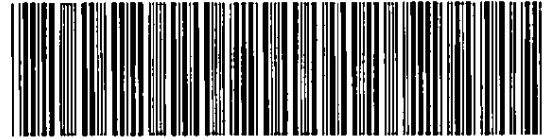
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06/23/20--01016--009 **78.75

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2020 JUN 23 PM 4:42
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Omaristrong Foundation 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: Redney Lowe
Name (Printed or typed)

1202 South N. St. # 1
Address

Lake Worth, FL 33460
City, State & Zip

561-729-7421
Daytime Telephone number

Freshwess01@gmail.com
E-mail address: (to be used for future annual report notification)

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2020 JUN 23 PM 4:42
TALLAHASSEE, FL
STATE

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: Omaristrong Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1202 South N. St #1
Lake Worth, FL 33460

Mailing address, if different is:

P.O. Box 11
Lake Worth, FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist in finding & funding a cure
for kids with Leukemia, lymphoma & Hodgkins disease. As well as to
help improve the quality of life for the patient & family members.

We would also like to provide an assistance to the
essential needs of underprivileged in surround urban neighborhoods
/ communities...

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

Elected at annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lowe, Rodney L. / President Name and Title: _____

Address: 1202 South N. St #1 Address: _____
Lake Worth, FL 33460

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2020 JUN 23 PM 4:43
CLERK OF DISTRICT COURT
DADE COUNTY, FL

551.40

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:

R

Name: Rodney Lowe

Address: 1202 South N St #1

Lake Worth, FL 33460

ARTICLE VII INCORPORATOR

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

R

Name: Rodney Lowe

Address: 1202 South N St #1

Lake Worth, FL 33460

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STATE
FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/18/2020 (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

R

Required Signature of Registered Agent

6/18/2020
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.

R

Required Signature of Incorporator

6/18/2020
Date