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SECRETARY OF STATE
TALLAHASSEE, FL 32310

SB
7/13/21

COVER LETTER

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

SUBJECT: The Roaring Reunion Corporation
(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: M. Alicia Williams
Name (Printed or typed)
17700 Jamestown Way
Address
Lutz, Florida 33558
City, State & Zip
(813) 404 -8889
Daytime Telephone number

fmualumreunion2022@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

21 JUL -8 PM 12:36
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TALLAHASSEE
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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: The Roaring Reunion Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:
17700 Jamestown Way

Lutz, Florida 33558

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To unify the Alumni in a collaborative manner for ideas that will assist in
generating gap funding to assist in meeting the financial needs of students attending Florida Memorial University (FMU); South
Florida's only Historically Black College and University (HBCU). To provide emotional and professional counseling support for
students at FMU; and, to promote educational activities and projects at FMU that will successfully enhance the student's life while
attending FMU.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alicia Lemon Williams, President

Address: 17700 Jamestown Way
Lutz, Florida 33558

Name and Title: Cheryl Powell, VP / Secretary

Address: 20735 NE 8th Ct. Unit 201
Miami, Florida 33179

Name and Title: Marlyn Lake, Treasurer

Address: 11247 SW Barton Way
Port St. Lucie, Florida 34987

Name and Title: Vetta Moten, Director

Address: 4231 Winding Vine Dr.
Lakeland, Florida 33812

Name and Title: Jill Tracey, Director

Address: 2741 N. 29th Avenue
Hollywood, Florida 33020

Name and Title: _____

Address: _____

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FALL 2008
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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: Alicia L. Williams
Address: 17700 Jamestown Way
Lutz, Florida 33558

ARTICLE VII INCORPORATOR

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

Name: The Roaring Reunion Corporation
Address: 17700 Jamestown Way
Lutz, Florida 33558

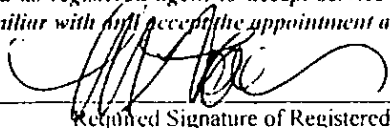
ARTICLE VIII EFFECTIVE DATE:

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

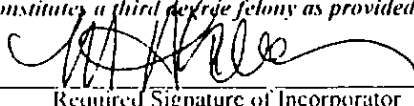


Required Signature of Registered Agent

June 30, 2021

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

June 30, 2021

Date

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TALLAHASSEE, FLORIDA