

N21000009302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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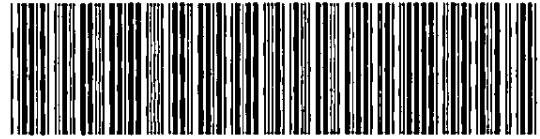
(Business Entity Name)

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COVER LETTER

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

SUBJECT: MARTIN LUTHER KING, JR. COMMITTEE (CHIEFLAND CHAPTER) 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: LANCE HAYES - CHAIRMAN
Name (Printed or typed)

POST OFFICE BOX 1964
Address

CHIEFLAND, FLORIDA 32614
City, State & Zip

(352) 493-0533
Daytime Telephone number

lancehayes88@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: MARTIN LUTHER KING JR. COMMITTEE
CHEEFLAND CHAPTER, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

217 SW 4TH STREET
CHEEFLAND, FL 32626

P.O. Box 1644
CHEEFLAND, FL 32614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO HONOR MARTIN LUTHER KING JR'S
LEGACY EDUCATE YOUTH & THE PEOPLE OF OUR COMMUNITIES AND
FOR THE UNIFICATION OF OUR FAMILIES, COMMUNITIES, AND NATION.
ALSO TO ENCOURAGE ~~AND~~ GRADUATING HIGH SCHOOL STUDENTS TO
PURSUE HIGHER EDUCATION FROM UNIVERSITIES, COLLEGES OR
VOC-TECH SCHOOLS TO ENSURE THEY MAY PURSUE A CAREER THAT
THEY GIVE BACK TO THEIR COMMUNITIES. IN RETURN, WE WILL OFFER FINANCIAL
ASSISTANCE IN THE FORM OF SCHOLARSHIPS TO HELP THEM ACHIEVE THAT GOAL.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

UNANIMOUS AND UNANIMOUS VOTES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LOUIE HAYES / CHAIRMAN
Address: P.O. Box 1644
CHEEFLAND, FL 32614

Name and Title: ALVA SHEPARD / TREASURER
Address: P.O. Box 1644
CHEEFLAND, FL 32614

Name and Title: _____
Address: _____

Name and Title: BARBARA GAMBLE / SECRETARY
Address: P.O. Box 330
CHEEFLAND, FL 32614

Name and Title: SHANVIE PHILLIPS / TREASURER
Address: 1503 SW 2ND COURT
CHEEFLAND, FL 32626

Name and Title: _____
Address: _____

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: MARJORIE HAYES / REGISTERED AGENT
 Address: 121 SW 17TH AVE
CHIEFLAND, FL 32626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LOUISE HAYES / CHAIRMAN
 Address: 121 SW 17TH AVE
CHIEFLAND, FL 32626

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

Marjorie Hayes
 Required Signature of Registered Agent

7-20-21
 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.

[Signature]
 Required Signature of Incorporator

7/20/2021
 Date