

N220 0001 1603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

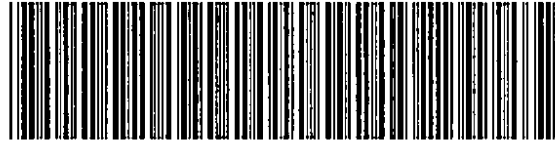
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2022 OCT -3 AM 11:01

FILED

D. O'KEEFE

OCT 12 2022

COVER LETTER

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

SUBJECT: Keith Green Scholarship 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: Polifay Green

Name (Printed or typed)

3317 sw Bell ct

Address

Port St. Lucie, FL 34953

City, State & Zip

240-478-5841

Daytime Telephone number

Polifay@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: Keith Green Scholarship foundation Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3317 sw Bell ct

Port St Lucie, FL 34953

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The Keith Green Foundation Inc. works with community organizations to combat juvenile delinquency and encourage community awareness.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President Polifay Green

Address: 3317 sw Bell ct

Port St Lucie, FL 34953

Name and Title: Karlene Green

Address: 3317 sw Bell ct

Port St Lucie FL 34953

Name and Title: Joyce Smith

Address: 5807 NW Breezy Brook ct

Port St Lucie, FL 34986

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2022 OCT -3 AM 11:01
CLERK OF DISTRICT COURT
PORT ST LUCIE, FL 34953

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: Karlene Green

Address: 3317 sw Bell ct

Port St Lucie, FL 34953

ARTICLE VII INCORPORATOR

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

Name: Karlene Green

Address: 3317 sw Bell ct

Port St. Lucie, FL 34953

FILED
 2022 OCT -3 AM 11:01
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

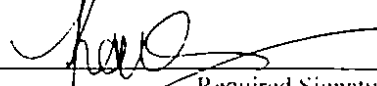
ARTICLE VIII EFFECTIVE DATE:

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.)

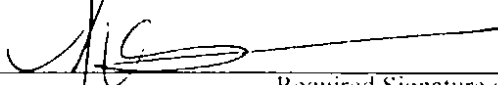
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/27/2022
 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

9/27/2022
 Date