

N23000010976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

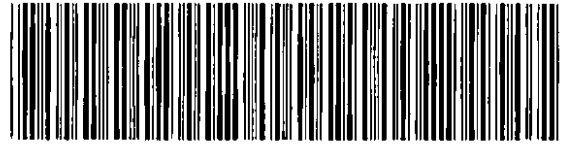
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT:** MCKENZIE ALFA 7 PRIVATE CHARITY 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:** LEE R. MCKENZIE

\_\_\_\_\_  
Name (Printed or typed)

9400 SW 137 AVENUE, ROOM 1307.

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33186

\_\_\_\_\_  
City, State & Zip

786 738 3786

\_\_\_\_\_  
Daytime Telephone number

McKenziesmia@aol.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: MCKENZIE ALFA 7 PRIVATE CHARITY FOUNDATION INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

MCKENZIE ALFA 7 PRIVATE CHARITY FOUNDAT

9400 SW 137 AVENUE, # 1307, MIAMI FL. 33186

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO ASSIST CHRISTIAN OUTREACH CHARITY ORGANIZATIONS

MISSION STATEMENT: (ALFA) ABUNDANCE LIFE FOR ALL

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LEE R. MCKENZIE - CEO/DIRECTOR

Address: 9400 SW 137 AVE, # 1307

MIAMI, FL. 33186

Name and Title: SARITA SHARPE - DIRECTOR

Address: 528 SEVEN BRIDGE ROAD

SUITE 101A EAST STROUDSBURG

PA 18301

Name and Title: MARVERLY PEDDIE - PRES/DIRECTOR

Address: 11611 SW 127 ST. MIAMI

FLORIDA 33176

Name and Title:

Address:

Name and Title: PATRICK FISHER - DIRECTOR

Address: 1451 WEST CYPRESS CREEK ROAD

SUITE 300, FT. LAUDERDALE,

FL 33309

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: LEE R. MCKENZIE

Address: 9400 SW 137 AVE., MIAMI, FL 33186

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LEE R. MCKENZIE

Address: 9400 SW 137 AVE., MIAMI FL 33186

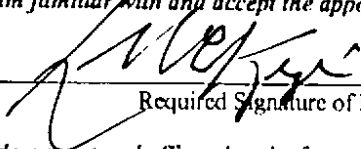
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/24/2023. (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*

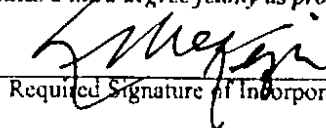


Required Signature of Registered Agent

8/21/2023

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

8/21/2023

Date

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