

N125000000590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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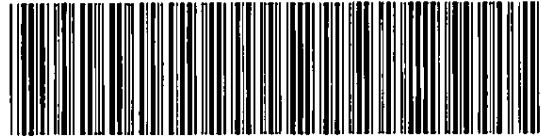
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: HORUS Scholars 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: Brandon Washington

Name (Printed or typed)

615 Channelside Drive

Address

Tampa Florida 33602

City, State & Zip

813.438.0020

Daytime Telephone number

aahewitt71@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: HORUS Scholars Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
615 Channelside Drive Suite 207

Mailing address, if different is:

Tampa, Florida 33602

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To provide all students, especially low income and first-generation high school students of diversity, with access to resources,
guidance and funding necessary to successfully further their education at accredited institutions of high education and/or Trade
School.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brandon Washington, Chair

Name and Title: Dr Laura L. Dorsey, Vice Chair

Address 615 Channelside Drive Suite 207
Tampa Florida 33602

Address: 615 Channelside Drive Suite 207
Tampa Florida 33602

Name and Title: Tashiek Hawkins, S/T

Name and Title: _____

Address 615 Channelside Drive Suite 207
Tampa Florida 33602

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Alison A Hewitt _____

Address: 4904 N 32nd Street _____

Tampa Florida 33610 _____

ARTICLE VII INCORPORATOR

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

Name: Alison A. Hewitt _____

Address: 4904 N 32nd Street _____

Tampa Florida 33610 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01-11-2025 _____ (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

Alison A. Hewitt

Required Signature of Registered Agent

1-14-2025

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.

Alison A. Hewitt

Required Signature of Incorporator

1-14-2025

Date