

P14axw09102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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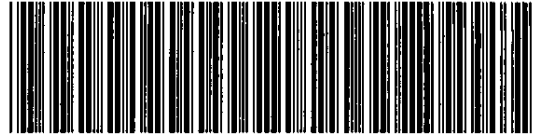
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/24/14--01013--011 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 24 PM 2:50

1-3014

COVER LETTER

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

SUBJECT: Oxford Round Table, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Samuel M.K. Alexander, Jr.
Name (Printed or typed)

1203 Surf Club I, 104 Surfview Dr
Address

Palm Coast, FL 32135
City, State & Zip

502-333-8298
Daytime Telephone number

Edpolres@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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Oxford Round Table, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

1203 Surf Club I,

104 Surfview Dr.

Palm Coast, FL 32135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Oxford Round Table is an education organization
whose purpose is to promote education, art, science,
religion and charity.

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 24 PM 2:50

(cont.)

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: Samuel M.K. Alexander, Jr.
Address: 1203 Surfclub I, 104 Surfview Dr.
Palm Coast, FL 32135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Samuel M.K. Alexander, Jr.
Address: 1203 Surfclub I, 104 Surfview Dr.
Palm Coast, FL 32135

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.

Samuel M.K. Alexander, Jr.
Required Signature/Registered Agent

11/21/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

Samuel M.K. Alexander, Jr.
Required Signature/Incorporator

11/21/14
Date