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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

JAN 13 2022

COVER LETTER

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

SUBJECT: Dr. Ronald W. Merthie Legacy 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: Michael Smith
Name (Printed or typed)

2621 Pine Oak Trail
Address

Sanford, FL 32773
City, State & Zip

(407) 731-0402
Daytime Telephone number

Financialchef@yahoo.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: Dr. Ronald W. Merthie Legacy Foundation INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2621 Pine Oak Trail
Sanford, FL 32773

Mailing address, if different is:

2621 Pine Oak Trail
Sanford, FL 32773

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said corporation is organized Exclusively
for charitable and educational purposes including for such purposes.
The making of distributions to organizations that qualify as exempt
organizations under section 501(c)(3) of the Internal Revenue Code
or the corresponding section of any future federal tax code.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President - Krystal Merthie-Smith Name and Title: President

Address: 2621 Pine Oak Trail
Sanford, FL 32773

Address: _____

Name and Title: Vice President - Michael Smith Name and Title: Vice-President

Address: 2621 Pine Oak Trail
Sanford, FL 32773

Address: _____

Name and Title: Greg Robinson Name and Title: Director

Address: 100 S. Moss Road
Winter Springs, FL 32708

Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: Bernard Mitchell Name and Title: Director
Address: 819 West 1st Address: _____
Sanford, FL 32771 _____

Name and Title: Ralph Tillman Name and Title: Director
Address: 1620 Williams Ave Address: _____
Sanford, FL 32771 _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael Smith
Address: 2621 Pine Oak Trail
Sanford, FL 32773

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Smith
Address: 2621 Pine Oak Trail
Sanford, FL 32773

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/13/22 (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

Michael T Smith
Required Signature of Registered Agent

1/13/22
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.

Michael T Smith
Required Signature of Incorporator

1/13/22
Date

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TALLAHASSEE, FLORIDA