

N16000005371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

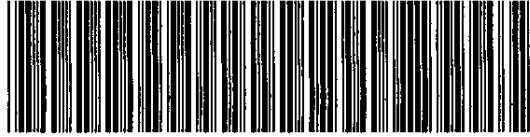
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Special Instructions to Filing Officer:

W16-16084

Office Use Only



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02/24/16--01007--014 **78.75

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16 MAY 23 AM 7:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W16

COVER LETTER

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

SUBJECT: THE AFRICAN-AMERICAN Coaches, Game Officials AND
ATHLETIC ASSOCIATION, 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: EDWARD HALL
Name (Printed or typed)

3123 Clyde Drive
Address

Jacksonville Florida 32208
City, State & Zip

904 521-8699
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2016

EDWARD HALL
3123 CLYDE DRIVE
JACKSONVILLE, FL 32208

SUBJECT: THE AFRICAN-AMERICAN COACHES, GAMES OFFICIALS AND
ATHLETIC ASSOCIATION
Ref. Number: W16000016084

We have received your document for THE AFRICAN-AMERICAN COACHES, GAMES OFFICIALS AND ATHLETIC ASSOCIATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The name of the Vice President is not legible.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 416A00004472



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2016

EDWARD HALL
3123 CLYDE DRIVE
JACKSONVILLE, FL 32208

SUBJECT: THE AFRICAN-AMERICAN COACHES, GAMES OFFICIALS AND
ATHLETIC ASSOCIATION
Ref. Number: W16000016084

We have received your document for THE AFRICAN-AMERICAN COACHES,
GAMES OFFICIALS AND ATHLETIC ASSOCIATION and your check(s) totaling
\$78.75. However, the enclosed document has not been filed and is being
returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are
elected or appointed be contained in the articles of incorporation or a statement
that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a
copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 416A00004472

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: THE AFRICAN-AMERICAN Coaches, Game Officials and Athletic Association, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
EDWARD HALL
3123 CLYDE Drive
JACKSONVILLE FL 32208

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To ENHANCE the quality of life, by promoting the AWARENESS of the contribution of former black Coaches, game officials AND Athletes to the Citizens of Jacksonville Community and surrounding AREAS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

ACCORDING TO OUR BY-LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alfred Austin Pres.
Address: 12565 Sampson Rd
Jax., Fla. 32218

Name and Title: _____
Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Name and Title: SPENCER W. MEEKS 1ST Vice Pres.
Address: 9800 Touchton Rd
Apt #1214
Jacksonville FL 32246

Name and Title: Harold Hair Jr. 2nd Vice President
Address: 1645 West 20th Street
JACKSONVILLE FL. 32209

Name and Title: EDWARD W. HALL - TREASURER
Address: 3123 CLYDE Drive
JACKSONVILLE FLORIDA
32208

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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16 MAY 23 AM 7:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Alfred Austin
Address: 12565 Sampson Rd
Jacksonville Florida 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alfred Austin
Address: 12565 Sampson Road
Jacksonville Florida 32218

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Same as filing (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

x Alfred Austin
Required Signature of Registered Agent

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.

Alfred Austin
Required Signature of Incorporator

Date