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**LAZARUS CORPORATE FILING SERVICE**

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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. AFRICAN AMERICAN COMMUNITIES INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

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02 FEB 14 PM 12:26  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
02 FEB 14 PM 2:26  
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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

**ARTICLES OF INCORPORATION**

**FOR**

**AFRICAN AMERICAN COMMUNITIES INC.**

*The undersigned, acting as incorporator of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:*

**ARTICLE I NAME:**

*The name of the corporation shall be:*

**African American Communities Inc.**

**ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

*The principal mailing address of this corporation is:*

9000 NW 17<sup>th</sup> Ave.  
Miami, Fl. 33147

**ARTICLE III PURPOSES**

*The specific purposes for which the corporation is organized are:*

The purpose of African-American Communities inc. are to beautify low-income communities by implementing affordable housing, new recreational facilities, learning centers, and create employment opportunities.

**ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:**

*The manner in which the directors are elected or appointed as follows:*

Directors will be elected or appointed by the bylaws.

**ARTICLE V LIMITATION OF CORPORATE POWERS**

*The corporate powers of this corporation are provided the section 617.0302, Florida Statutes adopt(s) the following Articles of Incorporation*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

Edmond Farquharson  
9000 NW 17<sup>th</sup> Ave.  
Miami, Fl. 33147

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE VII DIRECTORS NAME AND ADDRESS

Edmond Farquharson  
9000 NW 17<sup>th</sup> Ave.  
Miami, FL.33147

Jeanne Johnson  
5220 Trinity Village Ln. Apt. 301  
Raleigh, NC. 27607

Kimberly Mills  
1600-17 Mayruth Dr.  
Durham, NC. 27713

Jean Germain  
1214 Lafayette Village Dr.  
Tampa, FL. 33612

Sharonda Dawson  
3117 E. 33<sup>rd</sup> Ave.  
Tampa, FL. 33610

Brandee Farquharson  
1001 Ocala RD. Apt.110  
Tallahassee, FL. 32304

## ARTICLE VIII INCORPORATOR

The name and street address of the incorporator for these Article of Incorporator

Edmond Farquharson  
9000 NW 17<sup>th</sup> Ave.  
Miami, Fl. 33147

*The undersigned incorporator has executed these Articles of Incorporation this 1 day of February, 2002*

Edmond Farquharson  
Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE  
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE  
APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I  
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES  
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES,  
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION  
AS REGISTERED AGENT.**

*Edmond Carquison*

**REGISTERED AGENT SIGNATURE**

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**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**