

No2000009082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

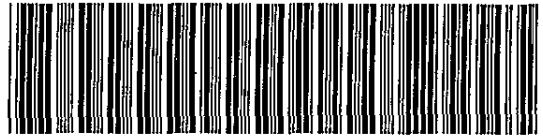
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/1/22

## **TRANSMITTAL LETTER**

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

Subject: **SUPPORT COALITION FOR THE DESCENDANTS OF AFRICAN  
SLAVES AND THEIR ALLIES, INC.**

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: **LINDA WOOLBRIGHT  
1614 MAR VIC LANE  
JACKSONVILLE, FLORIDA 32218  
(904) 351-0501**

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

**SUPPORT COALITION FOR THE DESCENDANTS OF  
AFRICAN SLAVES AND THEIR ALLIES, INC.**

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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
In Compliance with Chapter 617, Florida Statutes (F.S.)**

**ARTICLE I, NAME**

*The Name of the Corporation shall be:*

Support Coalition for the Descendants of African Slaves and their Allies, Inc.

**ARTICLE II, PRINCIPAL OFFICE**

*The principal place of business and mailing address of this corporation shall be:*

1614 Mar Vic Lane  
Jacksonville, Florida 32218

**ARTICLE III, PURPOSE**

*The purpose for which the corporation is organized is:*

This corporation is established for educational and charitable purpose. Advocating and promoting historical truth and justice.

**ARTICLE IV, MANNER ELECTION**

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

Shall be in accordance with the Florida Non Profit Corporation By-laws.

**ARTICLE V, INITIAL DIRECTORS/OFFICERS**

*The names(s), address(es) and titles(s):*

Linda Woolbright, CEO/Founder  
1614 Mar Vic Lane  
Jacksonville, Florida 32218

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

*The name and Florida Street address of the registered agent is:*

Linda Woolbright  
1614 Mar Vic Lane  
Jacksonville, Florida 32218

**ARTICLE VII, INCORPORATOR**  
*The name and address of the Incorporator is:*

Linda Woolbright  
1614 Mar Vic Lane  
Jacksonville, Florida 32218

.....

Having been named as registered agent to accept service of process for the above state 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.

<u>Linda Woolbright</u>	<u>11. 13. 02</u>
Signature/Registered Agent	Date
<u>Linda Woolbright</u>	<u>11. 13. 02</u>
Signature/Incorporator	Date

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