

N03000000 8468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

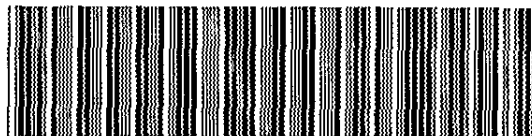
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



D. WHITE OCT - 1 2003

Office Use Only



500023033325

09/22/03--01035--003 **78.75

FILED
03 SEP 30 AM 9:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Florida African American Education Alliance, 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: Julia L. Johnson
Name (Printed or typed)

1700 Summit Lake Drive
Address

Tallahassee, Florida 32317
City, State & Zip

850-219-5157
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 24, 2003

JULIA L. JOHNSON
1700 SUMMIT LAKE DR
TALLAHASSEE, FL 32317

SUBJECT: FLORIDA AFRICAN AMERICAN EDUCATION ALLIANCE,
INCORPORATED
Ref. Number: W03000027411

We have received your document for FLORIDA AFRICAN AMERICAN EDUCATION ALLIANCE, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return the 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) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 203A00052691

FILED

03 SEP 30 AM 9:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF
FLORIDA AFRICAN AMERICAN EDUCATION ALLIANCE, INCORPORATED

ARTICLE ONE

The name of the corporation shall be:
Florida African American Education Alliance, Incorporated

ARTICLE TWO

The principal place of business for this corporation shall be:

1700 Summit Lake Drive
Tallahassee, Florida 32317
Phone (850) 219-5157
Fax (850) 219-5036

ARTICLE THREE

The purpose for which the corporation is organized:

The Florida African American Education Alliance, Incorporated is an outreach organization designed to both disseminate accurate information regarding Florida's education reforms, and to encourage the active involvement and partnership of African American students, parents and communities in the continued improvement of education in our state.

ARTICLE FOUR

The Board of Directors of the corporation shall be determined as follows:

The Board of Directors shall be determined in the manner established by the Bylaws of the Corporation. The members of the corporation shall adopt the Bylaws for the corporation at its next meeting.

ARTICLE FIVE

The initial names and titles of the Officers are listed below.

Julia L. Johnson,
Director
614 Grand Hwy
P.O. Box 120423
Clermont, FL 34712
Ph: (352) 243-9728
Fax: (352) 243-9746

Jacinta Mathis,
Director
245 Venetian Drive, Apt. 4
Delray Beach, FL 33483
561-278-2841
561-504-0731

Bill Thorton,
Director
611 Ironwood Drive
Ft. Walten Beach, Florida 32547-2910
Ph: (850) 882-2836
Cell: (850) 685-3059

ARTICLE SIX

The name and street address of the initial registered agent is:

Julia L. Johnson
614 Grand Hwy
P.O. Box 120423
Clermont, FL 34712
Ph: (352) 243-9728
Fax: (352) 243-9746

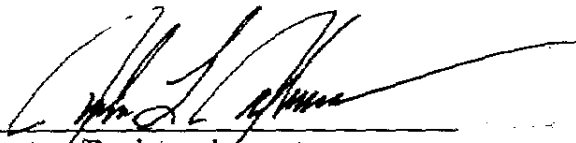
ARTICLE SEVEN

The name and address of the incorporator of these Articles of Incorporation is as follows:

Julia L. Johnson
614 Grand Hwy
P.O. Box 120423
Clermont, FL 34712
Ph: (352) 243-9728
Fax: (352) 243-9746

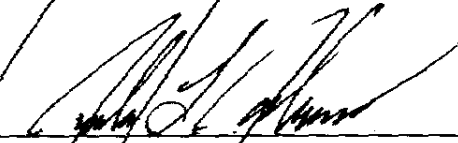
.....

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.



Signature/Registered Agent

Sept 1, 2003
Date



Signature/Incorporator

Sept 1, 2003
Date

FILED
03 SEP 30 AM 9:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA