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(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	y / [



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TRANSMITTAL LETTER

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

SUBJECT: Florida State University Black Alumni Association South Florida Chapter, In (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	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate PY REQUIRED	
FROM:	Andre K. Williams	nted or typed)		
	P.O. Box 01-0086			
Address				
	Miami, Florida 33101			
City, State & Zip				
305-586-8833				
Daytime Telephone number				

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Notifor Profit)

<u>ARTICLE I NAME</u>

The nam e of the comporation shall be:

Florida State University Black Alumni Association South Florida Chapter, Incorporated

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business and mailing address of this corporation shall be: P.O. Box 01-0086, Miami, Florida 33101

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SECRETARY OF STATE
LLAHASSEE, FLORIE,

<u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

To engage in fund raising activities in order to enhance the educational opportunities at Florida State University, and to engage in any other lawful activities in furtherance of this purpose

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors shall be elected by a majority vote of the membership

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

Listnam e(s), address(es) and specific title(s):

Andre K. Williams, President, P.O. Box 01-0086, Miami, Florida 33101 Tasha Ballard, Secretary, P.O. Box 01-0086, Miami, Florida 33101

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The nam e and Florida street address of the registered agent is:

Andre K. Williams, 1740 N.W. North River Drive, Miami, Florida 33125

ARTICLE VII INCORPORATOR

The name and address of the Incomporator is:

Andre K. Williams, P.O. Box 01-0086, Miami, Florida 33101

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.

-05/19/04

Signature/Incorporator

05/19/04 Date