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## TRANSMITTAL LETTER

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

SUBJECT: St. Lucie County African American Rev. lalization Cultural 3 Historical K.
(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 \$78.75 \$Filing Fee & Filing Fee & Filing Fee, & Certificate of & Certificate of & Certificate & ADDITIONAL COPY REQUIRED

FROM: MArjoric Harrell
Name (Printed or typed)

2804 Dunbar St.
Address

Ft. Pierce, 71. 34947

City, State & Zip

712 - 461-9241

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)



#### Article 1

The Name of the Corporation shall be: St. Lucie County African American Revitalization, Cultural & Historical Association Inc.

#### Article II

The principal place of business and mailing address of this Corporation shall be: 2804 Dunbar St., Fort Pierce, Fl. 34947.

#### Article III

The purpose for which the corporation is organized is to revitalize and rebuild The Lincoln Park Community by reeducating the community of it's heritage, culture, accomplishments, in hopes of reinstituting the pride The Lincoln Park Community was founded on.

#### Article IV

The manner in which the directors are elected or appointed is by a majority vote of the organization members:

## Article V

The initial Directors and/or Officers are:

Marjorie Harrell 2804 Dunbar St. Fort Pierce Fl. 34947, Chief Executive Officer
Gloria Harrell 527 N. 11<sup>th</sup> Street. Fort Pierce, Fl. 34950, Director
Candace Bailey 2804 Dunbar St. Fort Pierce, Fl. 34947. Assistant Director

#### Article VI

The initial Registered Agent and address is: Marjorie Harrell 2804 Dunbar St., Fort Pierce, Fl. 34950

## Article VII

# The name and address of the incorporator is: Marjorie Harrell 2804 Dunbar St. Fort Pierce, Fl. 34947

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 Mariorie Harrell

Signature/Incorporator Margorie Harrell

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SECKETARY OF STATE
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