

N10000010641

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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10 NOV 15 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS ulisfo

COVER LETTER

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

SUBJECT: SOUTH SIDE BUSINESS AND STUDENT DEVELOPMENT 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: SOUTH SIDE BUSINESS AND STUDENT DEVELOPMENT INC.
Name (Printed or typed)

2025 SOUTH MONROE ST
Address

TALLAHASSEE, FL 32301
City, State & Zip

850-656-8774
Daytime Telephone number

SBSOCI@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

FILING CANCELLED
RETURNED CHECK

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: SOUTHERN BUSINESS AND STUDENT DEVELOPMENT CNT. INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

GALLERY BUILDING
2025 SOUTH MONROE ST
TALLAHASSEE, FL 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ASSIST SMALL BUSINESS PERSONS
AND STUDENTS MEET THEIR MAXIMUM POTENTIAL IN THEIR SERVICE
TO GO AND THE COMMUNITY.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

By Direction of THE HOLY SPIRIT, AS STATED IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERIC WILLIAMS CEO
Address: 2025 SOUTH MONROE ST
TALLAHASSEE, FL 32301

Name and Title: ANTHONY AULD CHAIRMAN
Address: PERFECT COPY SERVICE INTERNATIONAL
P.O. Box 145
TALLAHASSEE, FL 32302

Name and Title: Pastor Michael Inouye
Address: KAILUA KAIHI Baptist CH
P.O. Box 145
TALLAHASSEE, FL 32301

Name and Title: Mrs. MICHELLE GALE CFO
Address: PAVING DREAMS - END DREAM VISION PROJECT
P.O. Box 145
TALLAHASSEE, FL 32302

Name and Title: Mrs. NANCY HALLGREN
Address: FLA II
P.O. Box 145
TALLAHASSEE, FL 32301

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ERIC WILLIAMS
Address: 2025 SOUTH MONROE ST.
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ERIC WILLIAMS
Address: 2025 SOUTH MONROE ST.
TALLAHASSEE, FL 32301

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]

Required Signature of Registered Agent

11-15-10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]

Required Signature of Incorporator

11-15-10

Date

FILED
NOV 15 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA