

NI/000000/770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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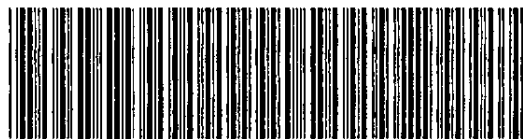
(Business Entity Name)

(Document Number)

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AND
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11 FEB 17 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Minority AIDS/HIV Social Service 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: Joyce Dent-Good

Name (Printed or typed)

4550 47th St. West #111

Address

Bradenton, FL 34210

City, State & Zip

941-565-0093

4550 47th St. West #111 phone number

MASSHIVAIDS@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2011

JOYCE DENT-GOOD
4550 47TH ST. WEST #111
BRADENTON, FL 34210

SUBJECT: MINORITY AIDS/HIV SOCIAL SERVICE INC.
Ref. Number: W11000007096

We have received your document for MINORITY AIDS/HIV SOCIAL SERVICE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 711A00003105

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

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Minority AIDS/HIV Social Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4550 47th St. West #111
Bradenton, FL 34210

Mailing address, if different is: 11 FEB 17 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Purpose of Minority HIV/AIDS Social Service is to provide information to Manatee County and surrounding areas for the education, awareness and community services for prevention of HIV/AIDS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joyce Dent-Good Executive Director CEO
Address: 4550 47th St. West #111
Bradenton, FL 34210

Name and Title: _____
Address: _____

Name and Title: Joyce Dent-Good Treasurer
Address: 4550 47th St. West #111
Bradenton, FL 34210

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Joyce Dent-Good
Address: 4550 47th St. West #111
Bradenton, FL 34210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joyce Dent-Good
Address: 4550 47th St. West #111
Bradenton, FL 34210

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

Required Signature of Registered Agent

1/28/11

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.

Required Signature of Incorporator

1/28/11

Date