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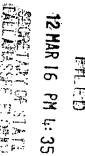
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COVER LETTER

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

SUBJECT: African-American Political Council, Inc.					
Enclosed is an original	(PROPOSED CORPORAT				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate		
FROM: Bess McElroy Name (Printed or typed)					
5301 NE 5 Avenue					
Miami, FL 33137 City, State & Zip					
305-758-2131 5301 NE Passionee Telephone number					

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

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

Qbess@att.net

ARTICLES OF INCORPORATION

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

<u>ARTICLE I</u>		Political Council, Inc.	
The name of the	corporation shall be:	,,,,,	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	5301 NE 5 Avenue		
	Miamì, FL 33137		
	- " "		
ARTICLE III	PURPOSE		W (1, 170)
	which the corporation is organized is: The Afr		
	can-American community within Miami-Da n-Americans to become more fully engaged		
	endericans to become more tury engaged electives, strategies and tactics to restore, re		
	d clout, and to provide relevant citizens' edu		
	nmunity more effectively. This will be accor		
ARTICLE IV	MANNER OF ELECTION The mann	er in which the directors are electe	ed and appointed:
The initial off	ficers/directors are appointed by the	incorporator and thereafte	er in accordance with the bylaws.
ARTICLE V	INITIAL OFFICERS AND/OR DIRE		
	Title: Bess McElroy, President	Name and Title:	
Address:	5301 NE 5 Avenue	Address:	
	Miami, FL 33137		
			
	Title: Fred St. Amand, Treasurer		
Address:	54 NE 54th Street	Address:	
	Miami, FL 33137		
	Title Innerthe Device Country		
	Title: Jennetta Davis, Secretary		
Address:	1520 NW 56 St Miami, FL 33142		
	Miami, FL 33142		44,000
			i i i i i i i i i i i i i i i i i i i
<u>ARTICLE VI</u>	REGISTERED AGENT	to control of a control of the	
ne <u>name and Fi</u> Name:	lorida street address (P.O. Box NOT acceptab Bess McElroy		MAR
Address:	5301 NE 5 Avenue		<i>□</i> • • • • • • • • • • • • • • • • • • •
Address.	Miami, FL 33137		\$ 5 €
	Wildhii, FE 33137		
RTICLE VII	INCORPORATOR		
	idress of the Incorporator is:		27 35
Name:	Bess McElroy		
Address:	5301 NE 5 Avenue		
	Miami, FL 33137		
			
	med as registered agent to accept service of		
eruncaje, 1 am 1	familiar with and accept the appointment as re	gistered agent and agree to act in	tnis capacity
$\sqrt{2}$.	1 mak 1.		01.11/000
FOW	VIIK COURTER		3/14/2012
,	Required Signature of Registered Age	ent	Date
cubmit this doc	ument and affirm that the facts stated herein a	are true I am aware that any fai	lse information submitted in a document
	nt of State constitutes a third degree felony as p		or anovaments savience at a troutingst
1 /	1) L		
Panal	Mac (D bella-		3/14/2012
i () kilili	Required Signature of Incorpor	ator	Date
	()	···-	2 2.3
	V		