

N12000003128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

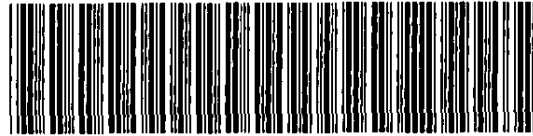
(Document Number)

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RECEIVED  
12 MAR 23 PM 4:01  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
12 MAR 23 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAR 23 2012

## COVER LETTER

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

SUBJECT: SOUTH BAY CDC  
(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: COREY ALSTON  
Name (Printed or typed)

335 SW 2nd Ave  
Address

South Bay, FL 33493  
City, State & Zip

(561) 996-6751  
Daytime Telephone number

Coreyalston@aol.com  
E-mail address: (to be used for future annual report notification)

**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 I NAME**

The name of the corporation shall be:

SOUTH BAY CDC, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

335 SW 2nd Ave  
South Bay, FL 33493

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Economic Development in the City of South Bay  
and Glades area.

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

As Stated in By Laws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

COREY ALSTON / Exec. Director

Address:

Name and Title:

Linda Johnson / Director

Address:

Name and Title:

Shirley Walker-Turner / Board

Address:

Name and Title:

Sylvia Sharps / Director

Address:

Name and Title:

John Wilson / Director

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:

City of South Bay COREY ALSTON

Address:

335 SW 2nd Ave  
South Bay, FL 33493

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

City of South Bay COREY ALSTON

Address:

335 SW 2nd Ave  
South Bay, FL 33493

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

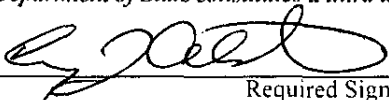


Required Signature of Registered Agent

3/23/12

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

3/23/12

Date