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(Requestor's Name)				
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(Cit	ty/State/Zip/Phone	∌ #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: South Lake Black Achievers Organization, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original	and one (1) copy of the Ar	rticles of Incorporation an	d 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 Cop & Certificate
		ADDITIONAL C	OPY REQUIRED
FROM	James A. McG	Printed or typed)	
	580 Sky Top I	Orive Address	
	Ocoee, Florid	a 34761 , State & Zip	
	321.689.7718 580 Sky Podi Del	Le lephone number	

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

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

ARTICLES OF INCORPORATION

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

ARTICLE I The name of the co	NAME South Lake Black Achie orporation shall be:	vers Organization,	Inc FILE®
ARTICLE II	PRINCIPAL OFFICE		E b. Bassa Service VESS
	Principal street address		Mailing Andress, it different is:
	580 Sky Top Drive		A (S. 27 A I) I (S. 27 A I) A)
	Ocoee, Florida 34761		SAMETARY OF STAIL
			TALLAM (装工 FL MENA
ARTICLE III	PURPOSE		•
The purpose for v	which the corporation is organized is:		
residents of the S conduct activities receive plaques a	Black Achievers Organization's (SLBAO) mission is South Lake County community who give of themsels throughout the year culminating in an awards band and scholarships are given to several high school so gives back to the community throughout the year MANNER OF ELECTION The manner in v	res to promote all that is go uset annually during the P eniors who has been acce to those in need and is er	good in in and from the area. SLBAO resident's Day weekend. Recipients opted into college or a vocational training adevouring to help even more.
The directors are	appointed to the board by a process. The initial gr	up was there from the ve	ry beginning. As one board member
ARTICLE V	commands a replacement and then the majority of INITIAL OFFICERS AND/OR DIRECTOR	ine remaining board mem S	bers must approve the recommendation.
Name and T	itle: James A. McGriff, Chairman		
Address:	580 Sky Top Drive	Address:	
	Ocoee, Florida 34761		
			
Name and T	itle:Latoria Wilson Robinson, Secretary	Name and Title:	
Address:	315 Christy Road	Address:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Mascotte, Florida 34753		
		400.1.20.1	
	itle: Lucressie Dugan McGriff, Treasurer		
Address:	12907 Cloverdale Lane	Address:	
	Clermont, Florida 34711		
ARTICLE VI	REGISTERED AGENT	•	
The <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of t	ne registered agent is:	
Name:	James A. McGriff		
Address:	580 Sky Top Drive		
	Ocoee, Florida 34761		
	· · · · · · · · · · · · · · · · · · ·		
ARTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	James A. McGriff		
Address:	580 Sky Top Drive		
	Ocoee, Florida 34761		
Having been nam certificate, I am fa	ed as registered agent to accept service of process miliar with and accept the appointment as registered	for the above stated cor agent and agree to act in	poration at the place designated in this this capacity March 16, 2012
····	Required Signature of Registered Agent		
	According 2 September 61 versiones Albert		Date
I submit this docui to the Department	ment and affirm that the facts stated herein are true of State constitutes a third degree felony as provided	e. I am aware that any fal for in s.817.155, F.S.	se information submitted in a document
	W~~1/1/ X N/M 1		M 40, 0040
· · · · · · · · · · · · · · · · · · ·	Paguind Signatura 201		March 16, 2012
	Required Signature of Incorporator		Dat e