N13000004682

(Requestor's Name)				
(Address)				
(Address)				
(/100/035)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Cartifical Conice Cartificator of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



600247983446

05/21/13--01001--005 **70.00

STILL SO ADVAIGNING

2019 NAY 20 PH 2: 50

L Shivers MAY 2 0 2013

13 HAY 20 PH 3: 34
SECRETARY OF STATE

COVER LETTER

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

SUBJECT: HISTORICAL BLACK HIGH SCHOOLS ATHLETES ORGANIZATION

□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	OPY REQUIRED
FROM:	Weser KHUF Name (P	rinted or typed)	- -
	517 Howar	Address	_
•	TALLAHASSO City,	E FL 32310 State & Zip	<u>2</u>
	850-510-3 Daytime T	S 697 elephone number	_
	Weser Khu E-mail address: (to be used for	Fu O Yal-100 future annual report notificati	

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

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: HISTORICAL BLA	ack High School Athletes Orga
Principal street address 517 HOMARD AVE TALLAHASSEG, FL 32310	Mailing address, if different is: Inc
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: Comb	TUNITY SERVICE
ARTICLE IV MANNER OF ELECTION The manner in w	hich the directors are elected and appointed: ELECTION
Name and Title: SENNIE Y FOWLER SEC Address: 517 HOWARD AVE TALLA HASSEE FL 32310	S Name and Title:Address:
Name and Title: INTUTE DEAS (TRESURE) Address: SIN HONGRD AVE TALLAHASSEE FL 32310	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 Name: Address: SIT HOMARD AVE TALLAHASSEE, FL 32310	the registered agent is: ARAY 20 ARAY 20
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: SIN HOWARD DVE TALLAHASSEE 32 3/U	PH 3: 34
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as register Required Signature of Registered Agent	ed agent and agree to act in this capacity
I submit this document and affirm that the facts stated herein are true to the Department of State constitutes a third degree felony as provided the Required Signature of Incorporator	ie. I am aware that any false information submitted in a document led for in s.817.155, F.S.