

N14000000489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

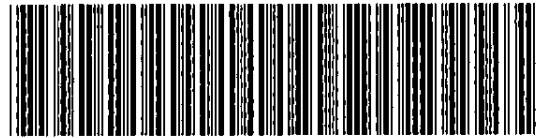
(Document Number)

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COVER LETTER

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

SUBJECT: Jacksonville Black Chamber of Commerce, 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: Ysryl
Name (Printed or typed)

5566 Moncrief Road
Address

Jacksonville, FL 32209
City, State & Zip

(904) 422-9594
Daytime Telephone number

jaxblackchamber@gmail.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: Jacksonville Black Chamber of Commerce, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5566 Moncrief Road
Jacksonville, Fl 32209

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose of the Jacksonville Black Chamber shall be to teach capitalism, expand access to economic development, capitalization, technical support, procurement opportunities, effective networking, and sharing of information for Black owned business and as well as the African descendent community as a whole. The main vehicle of disseminating information concerning this purpose is through the Black Chambers located in Jacksonville, Fl; and throughout the United States representing the entire Black Diaspora and via mass marketing. The activities are driven by a strategic plan. The Chamber is nonprofit, nonpartisan and nonsectarian and abides by the rules set forth via IRS 501 (3) classification.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The President/CEO will appoint

all Board of Directors members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ysryl/President/CEO
Address: 5566 Moncrief Road
Jacksonville, Fl 32209

Name and Title: Traci Monroe/Vice Chair
Address: 5566 Moncrief Road
Jacksonville, Fl 32209

Name and Title: Clarence E. Frederick/Executive VP
Address: 5566 Moncrief Road
Jacksonville, Fl 32209

Name and Title: Darlynthia Smith /Secretary
Address: 5566 Moncrief Road
Jacksonville, Fl 32209

Name and Title: Dr. Sabrina F. Edwards/Chairperson
Address: 5566 Moncrief Road
Jacksonville, Fl 32209

Name and Title: Jason Smith/Treasure
Address: 5566 Moncrief Road
Jacksonville, Fl 32209

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16 JAN 17 PM 1:28

APPROVED
2008

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ysryl

Address: 5566 Moncrief Road

Jacksonville, FI 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ysryl

Address: 5566 Moncrief Road

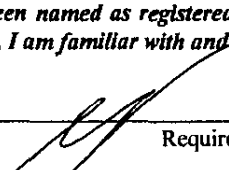
Jacksonville, FI 32209

STATE OF FLORIDA
DEPARTMENT OF STATE

14 JAN 17 PM 1:28

APPROVED
M. BOG

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

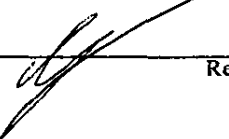


Required Signature of Registered Agent

1/16/14

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

1/16/14

Date