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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL -9 PM 4:06

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COVER LETTER

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

SUBJECT: Miami Black Hawks
(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: Michael Hunter
Name (Printed or typed)

17201 NW 24 Pl.
Address

Miami FL 33056
City, State & Zip

786-285-4473
Daytime Telephone number

MiamiblackHawks@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: Miami Black Hawks Incorporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:

17201 NW 24 Pl
Miami gardens Fl
33056

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Amateur Adult Football Organization

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL - 9 PM 4:00

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Vote by the
bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ceyon Morgan ^{Vice President} Name and Title: Charles Williams 2nd Vice President

Address 17201 NW 24th Pl. Address: 17201 NW 24th Pl
Miami Fl 33056 Miami Fl 33056

Name and Title: Evelyn Hunter ^{Treasurer} Name and Title: _____

Address 17201 NW 24th Pl Address: _____
Miami Fl 33056

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Michael Hunter

Address: 17201 NW 24th Pl
Miami FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Hunter

Address: 17201 NW 24th Pl
Miami FL 33056

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

7/2/14
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

7/2/14
Date