

W1400000 8133

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(Business Entity Name)

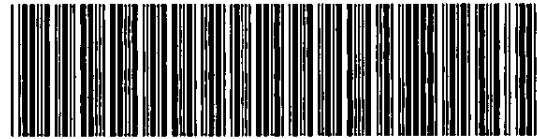
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B. W14000041224
B. 9/3/14



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14 AUG 27 PM 2:20
DIVISION OF REVENUE
TREASURY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2014

SCHOOL OF BUSINESS ALUMNI ASSOCIATION
640 DR MARY MCLEOD BETHUNE BLVD
DAYTONA BEACH, FL 32114

SUBJECT: BETHUNE-COOKMAN UNIVERSITY SCHOOL OF BUSINESS
ALUMNI ASSOCIATION
Ref. Number: W14000041224

RECEIVED
14 AUG 27 AM 9:47
TALLAHASSEE, FLORIDA

We have received your document for BETHUNE-COOKMAN UNIVERSITY SCHOOL OF BUSINESS ALUMNI ASSOCIATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 014A00014394

COVER LETTER

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

SUBJECT: Bethune-Cookman University School of Business Alumni Association, 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: School of Business Alumni Association
Name (Printed or typed)

640 Dr. Mary McLeod Bethune Blvd.
Address

Daytona Beach, FL
City, State & Zip

386-481-2805
Daytime Telephone number

businessalumniassociation@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: Bethune-Cookman University School of Business Alumni Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

640 Dr. Mary McLeod Bethune Blvd.

School of Entrepreneurship and Business

Daytona Beach, FL 32114

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the Bethune-Cookman University School of Business Alumni Association is to develop the growth between alumni, current and future Business majors, to create networking, entrepreneurship, and career placement opportunities, while nurturing a family oriented relationship.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cheryl J. Johnson - CEO Name and Title: Maya Thurston - Secretary

Address: 2027 NW 43rd Pl. Address: 640 Dr. Mary McLeod Bethune Blvd.
Gainesville, FL 32605 Daytona Beach, FL 32114

Name and Title: Dasmyn Grigsby - President Name and Title: Corey Bartley - Treasurer
Address: 1702 Deer Creek Circle Address: 315 Wilder Blvd. Apt. 102
Lithonia, GA 30038 Daytona Beach, FL 32114

Name and Title: Esther Jean-Baptiste - Vice President Name and Title: _____
Address: 1450 NW 32nd Street Address: _____
Miami, FL 33142

10 AUG 27 PM 2:21

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: Cheryl J. Johnson

Address: 2027 NW 43rd Pl.

Gainesville, FL 32605

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Maya Thurston

Address: 640 Dr. Mary McLeod Bethune Blvd.

Daytona Beach, FL 32114

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

Cheryl J. Johnson
Required Signature of Registered Agent

08.22.2014
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.

Maya Thurston
Required Signature of Incorporator

8/22/14
Date