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## COVER LETTER

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

SUBJECT: Sickle Cell Fighting Troops, 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: Denise Johnson  
Name (Printed or typed)

1330 Lake Bradford Rd.  
Address

Tallahassee Florida 32304  
City, State & Zip

850-212-2797  
Daytime Telephone number

scft2012@yahoo.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: Sickle Cell Fighting Troops, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1330 Lake Bradford Road  
Tallahassee, Florida 32304

Mailing address, if different is:

317 Mabry Street  
Tallahassee, FL 32304

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Sickle Cell Fighting Troops, Inc. is organized & exclusively for educational, charitable and testing for public safety purposes, the making of distributions to organizations under section 501(c)(3) of the Internal Revenue Code or the corresponding section of any future federal Tax Code.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: As provided for in the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Denise Johnson (D) Name and Title: \_\_\_\_\_

Address: 1330 Lake Bradford Rd Address: \_\_\_\_\_  
Tallahassee, FL 32304

Name and Title: Rochelle Johnson (O) Name and Title: \_\_\_\_\_

Address: 1330 Lake Bradford Rd. Address: \_\_\_\_\_  
Tallahassee, FL 32304

Name and Title: James J. Long (O) Name and Title: \_\_\_\_\_

Address: 2020 Continental Ave. Address: \_\_\_\_\_  
Tallahassee, FL 32303

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 SEP 16 PM 4:46

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

Name: Denise Johnson

Address: 1330 Lake Bradford Rd.  
Tallahassee, FL 32304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Denise Johnson

Address: 1330 Lake Bradford Rd.  
Tallahassee, FL 32304

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

Denise L. Johnson  
Required Signature of Registered Agent

September 16<sup>th</sup>, 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.

Denise L. Johnson  
Required Signature of Incorporator

September 16<sup>th</sup>, 2014  
Date