

N14 0000 11306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

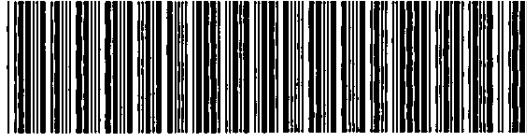
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900267125069

12/10/14--01006--010 **87.50

14 DEC 10 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

1/4

COVER LETTER

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

SUBJECT: Tampa-St. Pete Regional 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: Carolyn Ford, Ed. S.
Name (Printed or typed)

P.O. Box 326
Address

Quincy, Florida 32353
City, State & Zip

813-489-9161
Daytime Telephone number

bossnfedc@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

COVER LETTER

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

SUBJECT: Tampa-St. Pete Regional 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: Carolyn Ford, Ed. S.
Name (Printed or typed)

P.O. Box 326

Address

Quincy, Florida 32353

City, State & Zip

813-489-9161

Daytime Telephone number

bossnfedc@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: Tampa-St. Pete Regional Black Chamber of Commerce, Inc.

ARTICLE II PRINCIPAL OFFICE

a Non-Profit under the rules via by IRS Capital 501(c)(3) Classification

Principal street address:
11106 North 30th Street

Tampa, Florida 33612

Mailing address, if different is:
P. O. Box 326

Quincy, Florida 32353

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote economic development in the black and minority business communities.

The chamber will advocate cultural economics to improve business and employment opportunities as it relates to commerce, cultural, community,
and education. The chamber will promote tourism and cultural diversity in the historical African-American communities. This will be achieved through the areas of
concentration: Access to capital, effective networking techniques, financial literacy, tourism, and sharing business related information to the black and minority
owned businesses. Another area of concentration will include national and international trade through developing partnerships with those of African descendant
in the community as a whole. The main vehicle for disseminating information concerning this purpose is through other Black chambers located throughout
the nation and the entire Black Diaspora and via electronic marketing.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The manner in which the
Board of Directors are selected will be through election and or appointment.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolyn Ford

Address: Chairwoman

P. O. Box 326

Quincy, Florida 32353

Name and Title: Dexter Allen

Address: Director

610 South Camilla Ave.

Quincy, Florida 32351

Name and Title: Jarvis El-Amin

Address: Director

407 N. Howard Ave.

Tampa, Florida 33606

Name and Title: Sherian Afuape

Address: Director

P. O. Box 334

Ellenton, Florida 34222

Name and Title: _____

Address: _____

Name and Title: _____

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: Carolyn Ford, Chairwoman

Address: 526 South Key Street

Quincy, Florida 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carolyn Ford, Chairwoman

Address: P. O. Box 326

Quincy, Florida 32353

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

Carolyn Ford
Required Signature of Registered Agent

12/8/14
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.

Carolyn Ford
Required Signature of Incorporator

12/8/14
Date