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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 FEB 23 PM 12:42

✓ 02/25/15

## COVER LETTER

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

SUBJECT: Black "Chicks" Rock  
(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: Ivy Griffin  
Name (Printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

407 748-7356  
Daytime Telephone number

Ivygale69@gmail.com  
E-mail address: (to be used for future annual report notification)

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

**ARTICLE I NAME**

The name of the corporation shall be: Black "Chicks" Rock, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Ivy Griffin  
5978 Kenlyn Court  
Orlando, Fl. 32808

Mailing address, if different is:

202 West 15<sup>th</sup> street  
Apopka, Fl. 32703

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To encourage, be an example,  
inspire and mentor all African-American girls, ladies,  
and women on being successful and you can have  
your dreams with the "Platinum Bow" on top.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointment  
by President

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

Name and Title: Ivy Griffin - Pres.  
Address: 5978 Kenlyn Court  
Orlando, Fl. 32808

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

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

Name and Title: Lushell Raper - Vice Pres.

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

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

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

Name and Title: Jillian Jackson - Secretary

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

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

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

559 Zachary Drive  
Apopka, Fl. 32712

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SECRETARY OF STATE  
DIVISION OF CORPORATION

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: Ivy Griffin

Address: 202 West 15<sup>th</sup> street

Apopka, FL 32703

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ivy Griffin

Address: 5978 Kenlyn Court

Orlando, FL 32808

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*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*

Ivy Griffin

Required Signature of Registered Agent

2/1/15

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.*

Ivy Griffin

Required Signature of Incorporator

2/1/15

Date