MISOUUD 2641

(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:				



MAR 1 3 2015

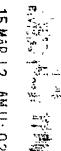
T. SCOTT



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15 MAR 12 AM 11: 02



COVER LETTER

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

SUBJECT: Samaritan Christian Center Member Hnnual (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

FISSESSMENT, INCORPORATED (SCCMAA)

FROM: Glenn Boy Adderley
Name (Printed or typed)

708 M.W. 9th Court
Address
Hallandale, Fl. 33009
City, State & Zip

954-458-7781

Daytime Telephone number

<u>Dishop a dderley @ Uahoo.</u> Com E-mail address: (to be used for future annual report notification)

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



PECEIVED 15 MAR 12 AM 9: 33

February 12, 2015

GLEN ROY ADDERLEY 708 N.W. 9TH COURT HALLANDALE, FL 33009

SUBJECT: SCC MAA, INC. Ref. Number: W15000009307

We have received your document for SCC MAA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. 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: 915A00002642

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME The name of the corporation shall be:	SCC.MAA, INC.	
ARTICLE II PRINCIPAL OFFI	<u>CE</u>	
Principal <u>street</u> addres	V. 9th Court	ss, if different is:
Hallandale	, FL 33009	
ARTICLE III PURPOSE The purpose for which the corporation is	s organized is: Fundraisin	ng.
	ECTION The manner in which the directors are elected	and appointed: Volet
ARTICLE V INITIAL OFFICE	ers and/or directors SEE NEXT PS	7.
Name and Title:	Name and Title:	
Address	Address:	
		55 St. 188
	Name and Title:	N 32
		AH III
	Name and Title:	
Address	Address:	
		· ·

Name and Title: Glenn Apperley, Pres. Address 108 NW 9 CT HALLANDALE, FL 33	Address:	Joy Starkey, Vice Pres. 708 NW 9 CT Hallandale, FZ 33009
Name and Title: Angelina Peterson, Sea Address 100 NW 95 CT Hallan Dale, FL 330	Address:	Sharon Smith, Treas. 108 NW 95 CT Hallandale, FL 33009
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT Name: The Ses a Tavernic Address: TIZ NW 9th CT HAllandale, FL 3:	<u>er</u>	tered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Theresa Tavernie Address: 112 NW 9½ CT Hallandale, FL		
Required Signature of Regis	nent as registered agent	3/10/15 Date
I submit this document and affirm that the facts stated to the Department of State constitutes a third degree fe	lony as provided for in	ware that any false information submitted in a document s.817.155, F.S. Date