

N15000007259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

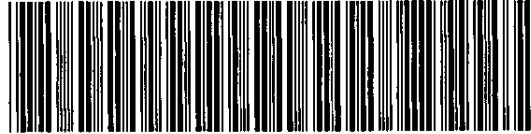
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
15 JUL 27 PM 4:14
TO: AGENCY
10. ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
15 JUL 27 PM 4:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: GenerationHBCU, 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: Kiffani J. Browning

Name (Printed or typed)

14739 Norwood Oaks Dr. #201

Address

Tampa, Florida 33613

City, State & Zip

850-363-0230

Daytime Telephone number

GenerationHBCU@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: GenerationHBCU, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
14739 Norwood Oaks Dr. #201
Tampa, Florida 33613

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To recruit students to HBCUs and assist in the advancement of HBCUs
prominent institutions of learning, while simultaneously instilling cultural pride and academic success for all students.

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

See Attached

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kiffani Browning (Director/Founder)

Name and Title: Camron Browning (Officer)

Address: 14739 Norwood Oaks Dr. #201
Tampa, Florida 33613

Address: 14739 Norwood Oaks Dr. #201
Tampa, Florida 33613

Name and Title: Guy Lemonier (Officer)

Name and Title: Xion Lester (Officer)

Address: 2660 Laguna Way
Miami, Florida 33025

Address: 501 Howard Avenue
Tallahassee, Florida 32310

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ELECTING NEW BOARD MEMBERS

Appointing board members/officers is a formal process. A nominating committee of existing board members evaluates the current board situation and its needs, gathers names of prospective new members, and recommends candidates to the full board, which then votes on whether to elect the new members.

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

NOTED
AND
FILED

15 JUL 27 PM 4:22

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Kiffani J. Browning
Address: 14739 Norwood Oaks Dr. #201
Tampa, Florida 33613

ARTICLE VII INCORPORATOR

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

Name: Kiffani J. Browning
Address: 14739 Norwood Oaks Dr. #201
Tampa, Florida 33613

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Kiffani J. Browning
Required Signature of Registered Agent

7/27
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.

Kiffani J. Browning
Required Signature of Incorporator

7/27
Date