

N/5000012093

(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



000279520430

11/30/15--01008--019 \*\*87.50

FILED  
2015 DEC 21 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 28 2015

T. BROWN

## COVER LETTER

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

**SUBJECT:** Wright Connection Mentoring Program, 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:** Sequonda Wright  
\_\_\_\_\_  
Name (Printed or typed)

P.O. Box 135  
\_\_\_\_\_  
Address

Jennings, Florida 32053  
\_\_\_\_\_  
City, State & Zip

229-269-3061  
\_\_\_\_\_  
Daytime Telephone number

sequonda@yahoo.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 8, 2015

SEQUONGA WRIGHT  
PO BOX 135  
JENNINGS, FL 32053

SUBJECT: WRIGHT CONNECTION MENTORING PROGRAM, INC  
Ref. Number: W15000079043

We have received your document for WRIGHT CONNECTION MENTORING PROGRAM, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return 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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 415A00025665

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be: Wright Connection Mentoring Program, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
3041 NW 22nd. Blvd.

Jennings, FL 32053

Mailing address, if different is

P.O. Box 135

Jennings, FL 32053

2015 DEC 21 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE III PURPOSE

To provide educational and mentoring programs as well as and opportunities  
The purpose for which the corporation is organized is:  
for disadvantaged and low-income youth in the Tri-County and surrounding counties to help them obtain a higher education degree.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors shall be  
appointed during the first 3 years of the Corporations existence; thereafter directors shall  
be elected by Board members majority vote for 3 year terms.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Detronna Mayberry - President

Address: 1524 Groce St,  
Hempstead, TX 77445

Name and Title: James Brown Sr , Director

Address: 23187 NW 25th St  
Jennings, FL 32053

Name and Title: Chasity Bradley - Secretary

Address: 2756 NW 23rd. Blvd.  
Jennings, FL 32053

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

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

Name and Title: Michael Plummer - Treasurer

Address: 1435 Vinetree Dr.  
Brandon, FL 33510

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: Sequonda Wright  
Address: 3041 NW 22nd Blvd  
Jennings, FL 32053

**ARTICLE VII INCORPORATOR**

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

Name: Sequonda Wright  
Address: 3041 NW 22nd Blvd  
Jennings, FL 32053

**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*

Sequonda D. Wright  
Required Signature of Registered Agent

12/16/15  
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.*

Sequonda D. Wright  
Required Signature of Incorporator

12/16/15  
Date