

NI60000004060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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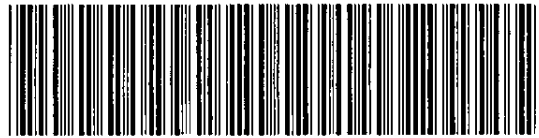
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 APR 20 PM 1:56
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APPROVED
AND
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16 APR 20 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Liberty Hill Farmers Aid and Benefit Association
(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: Pat Williams
Name (Printed or typed)

404 NE 47th Ter
Address

Gainesville FL 32641
City, State & Zip

352.317.3460
Daytime Telephone number

pbwms1@gmail.com or Jebostono1@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: Liberty Hill Farmers Aid and Benefit Association
INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7600 NW 23rd Ave
Gainesville FL 32606

Mailing address, if different is:

PO BOX 1921
Alachua, FL 32615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To elevate it's members, to encourage and teach them to own their homes, to educate their families to become better citizens, to uphold the Law and morality, to care for and assist the sick, poor, the helpless and unfortunate for the advancement of the Colored Race (AKA Afro-American Race) and in general to have, exercise and enjoy all rights, powers and privileges that are common to corporations not for profit, organized for similar purposes under the laws of Florida

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: yearly election are had 3rd Friday in JANUARY, members of the organization shall be a law abiding of good moral character and eighteen years of age. Election by ballot, 1st estab. 3m in 1934 in Alachua County Louisiana. PB

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonell L. Cook, President

Address: 3020 NW 43rd St
Gainesville FL

Name and Title: Rev. Marcus D. Boston, Vice Pres.

Address: 7010 NW 23rd Ave
Gainesville FL 32606

Name and Title: Patricia A. Williams - Financial Sec

Address: 464 NE 47th Ter
Gainesville FL 32641

Name and Title: Addie B. Smith, Treasurer

Address: 14020 NW 166th Pl
PO Box 1921
Alachua FL 32615

Name and Title: Tanice E Boston, Recording Sec

Address: 4959 NW 87th Ave
Gainesville FL 32653

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 20 PM 2:21

FILED

Name and Title: Joan B. Ferguson, Chaplain Name and Title: W. H. Dennis Jr. Wardman
Address: 3314 NW 67th St Address: 217 SE 28th St
Gainesville FL 32601 Gainesville FL 32641

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: Patricia A. Williams
Address: 454 NE 47th Terr
Gainesville FL 32641

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pat Williams
Address: 7650 NW 23rd Ave
Alachua FL 32615

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

[Signature]
Required Signature of Registered Agent

4.20.2016
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.

[Signature]
Required Signature of Incorporator

4.20.2016
Date

EIN # 80-0555344