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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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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:	Mailing address, if different is:
7600 NW 23rd Ave	POBox 1921
Gainesville FL 32606	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~~ 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 Corporation 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: ~~members of the~~ organization yearly election are held 3rd friday in ~~June~~ January, members of the ~~Shall be a law abiding of good moral character and eighteen years~~ age. Election by ballot, As established in 1934 in Alachua County Courthouse.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Jonell L. Cook, President	Name and Title:	Rev. Marcus D. Boston, Vice Pres.
Address	3020 NW 43rd St	Address:	7010 NW 23rd Ave
	Gainesville FL		Gainesville FL 32606
Name and Title:	~~Patricia~~ Patricia A. Williams - Financial Sec	Name and Title:	Addie B. ~~Smith~~ Smith, Treasurer
Address	~~404~~ 404 NE 47th Terr	Address:	14020 ~~NW~~ NW 166th PL
	Gainesville FL 32641		POBox 1921
			Alachua FL 32615
Name and Title:	Janice E Boston, Recording Sec	Name and Title:	
Address	4959 NW 81st Ave	Address:	
	Gainesville FL 32653		

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TALLAHASSEE, FLORIDA

Name and Title: Joan B. Ferguson, Chaplain

Address: 3314 NW 67th St
Gainesville FL 32605

Name and Title: Wyett Dennis Jr. Wardman

Address: 217 SE 20th St
Gainesville FL 32641

Name and Title: _____

Address: _____

Name and Title: _____

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

_____ 4.20.2016
Required Signature of Registered Agent — 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.

_____ 4.20.2016
Required Signature of Incorporator — Date

EIN # 80-0555344