

N16 000004765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

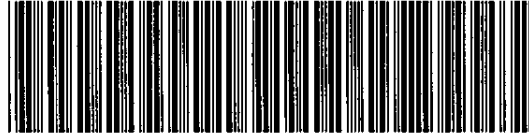
(Document Number)

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Special Instructions to Filing Officer:

W16-31247

Office Use Only



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04/21/16--01025--012 **78.75

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16 MAY 10 PM 2:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

14

COVER LETTER

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

SUBJECT: Black on Black Rhyme Tax Foundation, 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: Ebony Payne-English
Name (Printed or typed)

3631 Kirkpatrick Circle Unit 1
Address

Jacksonville, FL 32210
City, State & Zip

904 859 1937
Daytime Telephone number

blackonblackrhymetax@gmail.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

April 27, 2016

EBOYN PAYNE-ENGLISH
3631 KIRKPATRICK CIRCLE UNIT 1
JACKSONVILLE, FL 32210

SUBJECT: BLACK ON BLACK RHYME JAX FOUNDATION
Ref. Number: W16000031247

We have received your document for BLACK ON BLACK RHYME JAX FOUNDATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 816A00008757

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

ARTICLE I NAME

The name of the corporation shall be: Black on Black Rhyme Tax Foundation, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3631 Kirkpatrick Circle Unit 1

Jacksonville, FL 32210

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To enhance the quality of life for citizens of Jacksonville, FL by fostering sustainable growth and development of cultural experiences through the integration of supreme artistic opportunities and expression into service projects, educational workshops and community centered programming.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jean Leslie

Address: Chairperson of Board

13300 Atlantic Blvd Unit 111

Jacksonville, FL 32225

Name and Title: Anthony Heard ^{Member} of Board

Address: 3500 University Blvd Unit 181

Jacksonville, FL 32277

Name and Title: Ashlee Lewis-Boykin, Esq.

Address: Member of Board

7613 Charney Lane

Riverdale, GA 30296

Name and Title: Cynthia Thoma

Address: Member of Board

605 Phelps St

Jacksonville, FL 32206

Name and Title: Kourtney Armentrout

Address: Member of Board

4455 Confederate Pointe Rd 13C

Jacksonville, FL 32210

Name and Title: Thony Payne-English

Address: Executive Director

3631 Kirkpatrick Circle Unit 1

Jacksonville, FL 32210

SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 MAY 10 PM 2:11

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Name and Title: Brian Neal Jefferson II
Address: Administrative Director
619 Whitfield Rd
Jacksonville, FL 32221

Name and Title: Octavia Marissa Gary
Address: Development Director
13968 Crestwick Dr E
Jacksonville, FL 32218

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: Brian Neal Jefferson II
Address: 619 Whitfield Rd
Jacksonville, FL 32221

ARTICLE VII INCORPORATOR

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

Name: Ebony Payne-English
Address: 3631 Kirkpatrick Circle #1
Jacksonville, FL 32210

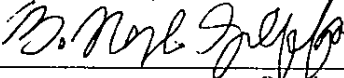
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 19, 2016 (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


Required Signature of Registered Agent

4/18/15
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.


Required Signature of Incorporator

4/18/15
Date

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TALLAHASSEE FLORIDA