## N1600000537/

(Requestor's Name)				
(Address)				
(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:				
W16-16084				
Office Use Only				



600282440486

02/24/16--01007--014 \*\*78.75

FILED

16 MAY 23 AM 7: 39

SECRETARY OF SIME

1111

## **COVER LETTER**

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

SUBJECT: THE AFRICAN-AMERICAN COACHES, GAME OFFICIALS HAVE PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Athletic ASSOCIATION, INC.						
	nd one (1) copy of the Artic					
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate			
FROM: EDWARD HALL Name (Printed or typed)						
3/23 Clyde Drive Address						
Jacksonville Florida 32208 City State & Zin						

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

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

Daytime Telephone number



March 3, 2016

EDWARD HALL 3123 CLYDE DRIVE JACKSONVILLE, FL 32208

SUBJECT: THE AFRICAN-AMERICAN COACHES, GAMES OFFICIALS AND

ATHLETIC ASSOCIATION Ref. Number: W16000016084

We have received your document for THE AFRICAN-AMERICAN COACHES, GAMES OFFICIALS AND ATHLETIC ASSOCIATION 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.

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.

The name of the Vice President is not legible.

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

www.sunbiz.org

Letter Number: 416A00004472



May 3, 2016

EDWARD HALL 3123 CLYDE DRIVE JACKSONVILLE, FL 32208

SUBJECT: THE AFRICAN-AMERICAN COACHES, GAMES OFFICIALS AND

ATHLETIC ASSOCIATION Ref. Number: W16000016084

We have received your document for THE AFRICAN-AMERICAN COACHES, GAMES OFFICIALS AND ATHLETIC ASSOCIATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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 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: 416A00004472

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

ARTICLE I NAME The name of the corporation shall be: THE AFRICAN-A	merican Coaches, Game Officials and
ARTICLE II PRINCIPAL OFFICE ATTACE	tic Association, INC.
Principal <u>street</u> address:	Mailing address, if different is:
3/23 CLYDE Drive	
JACKSONVILLE FL 32208	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
	of life by promoting the
AWATENESS of the contr	bution of former black
coaches, game officials.	AND Athletes to the
CitizENS of JACKSONVILLE	Community and surrounding
Areas.	
ARTICLE IV MANNER OF ELECTION The manner in whi	ch the directors are elected and appointed:
ACCORDING TO OUR BY. LAV	
	ALS TO
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	LAHAY 2
Name and Title: Afred Gustin Name	and Title:
Address 12565 Sampson Rd Addr	ess:
Jax., Fla. 32218	5 <b>5</b>
SPECIAL VICE	Pres, Harold HAIR Jr. 2nd Vice Resident
Name and Titles FREE W. MEEKS TR Name	e and Title: HAYDLO HAIR JY, Resident
Address 9800 Touchton Rd Addr	ess: 1645 West 20 Street
Apt # 1214	Jackswilk Fl. 32209
Jacksowille F1 32246	TACHAGA
Name and Title: EDWARD W, HAII - Name	ASUREA and Title:
Address 3123 CLYDE Drive Addr	ess:
JACKSONVIlle FloRIDA	
32208	

Name and Title:		Name and Title:	
Address		Address:	["
•			FILED
		<u> </u>	16 MAY 23 AM 7: 40
Name and Title:		Name and Title:	SECRETARY OF STATE TALLAHASSEE FLORIDA
Address		Address:	
•			
•			
ADTICI E VI	REGISTERED AGENT		
	Iorida street address (P.O. Box	NOT acceptable) of the registered agen	t is:
Name:	Alfred Austi	A CONTRACT OF THE PARTY OF THE	
Address:	12565 SAM, JACKSONVILLE	OSON RO	
	Jacksonville	Florida 32218	
	0110.001477.0	<u> </u>	
	INCORPORATOR		
	ddress of the Incorporator is:  Alfred Austi	C.	
Name:		_	
Address:	12565 SAMPS JACKSONVILLE	ON KOACI	
	JACKSONV, 1/e	tlorida 3/218	
ARTICLE VIII	EFFECTIVE DATE:	Ame as filing OPT	
(ii an effective	date is listed, the date must be	specific and cannot be more than five	'IONAL) e business days prior or 90 business days
after the filing.	l		
Note: If the dat document's effe	e inserted in this block does not ctive date on the Department of	meet the applicable statutory filing requ State's records.	sirements, this date will not be listed as the
Having been na certificate, I am	med as registered agent to acc familiar with and accept the ap	ept service of process for the above sta pointment as registered agent and agree	ited corporation at the place designated in this
× Allan	1 Auti		. ,
- Organ	Required Signature of	Registered Agent	Date
I submit this doc	ument and affirm that the facts	stated herein are true. I am aware that	any false information submitted in a document
to the Departmen	it of State constitutes a third dep	ree felony as provided for in s.817.155,	F.S.
	Alfred au	tu	
	Required Signati	re of Incorporator	Date

\_\_\_