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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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07/11/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2016

ARNOLD MERRIWEATHER  
3803 JULIET LEIA CIR. WEST  
JACKSONVILLE, FL 32218

SUBJECT: BLACK MALE PROSTATE CANCER COALITION INCORPORATED  
Ref. Number: W16000042744

We have received your document for BLACK MALE PROSTATE CANCER COALITION INCORPORATED and your check(s) totaling \$78.75. 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 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 516A00012357

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TELETYPE UNIT

## COVER LETTER

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

SUBJECT: Black Male Prostate Cancer Coalition Incorporated  
(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: Arnoid Merriweather  
Name (Printed or typed)

3803 Juliet Lea Circle W.  
Address

Jacksonville, FL 32218  
City, State & Zip

904-502-0554  
Daytime Telephone number

merriweather@bellsouth.net  
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: Black Male Prostate Cancer Coalition Incorporated

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

3803 Juliet Leia Circle W

Jacksonville, FL 32218

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our mission is to maintain a dedicated group of volunteers acting as prostate cancer support group members, also known as Board Members. These members will continuously seek more knowledge about prostate cancer and work with all partners to support the group and Article 2 of The by-Laws 2.1 thru 2.6

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Bi-yearly  
As per by-laws.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arnold Merriweather (President) Name and Title: \_\_\_\_\_

Address 3803 Juliet Leia Circle W Address: \_\_\_\_\_  
Jacksonville, FL 32218

Name and Title: James Daniels (Vice President) Name and Title: \_\_\_\_\_

Address 3450 Dunn Ave Suite 105 Address: \_\_\_\_\_  
Jacksonville, FL 32218

Name and Title: Charles Cooper (Treasurer) Name and Title: \_\_\_\_\_

Address 1215 SE 12th Ave Address: \_\_\_\_\_  
Gainesville, FL 32641

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: Arnold Merriweather

Address: 3803 Juliet Leia Circle W  
Jacksonville, FL 32218

**ARTICLE VII INCORPORATOR**

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

Name: Arnold Merriweather

Address: 3803 Juliet Leia Circle W  
Jacksonville, FL 32218

**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*

Arnold J Merriweather  
Required Signature of Registered Agent

6-3-16  
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.*

Arnold J Merriweather  
Required Signature of Incorporator

6-3-16  
Date