

N/60000/0841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

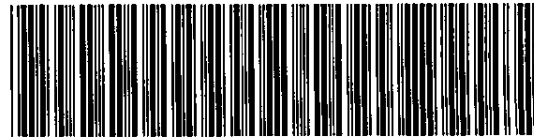
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/09/16

COVER LETTER

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

SUBJECT: The Legacy Communities Initiative, Inc.

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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, x Certified Copy & Certificate
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FROM:

Name (Printed or typed) Cecilia E. Holloman

Address 4655 Portofino Way # 202

City, State & Zip West Palm Beach, Florida, 33409

Daytime Telephone number (305) 896-4357

E-mail address: (to be used for future annual report notification) cc4obama@gmail.com

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: The Legacy Communities Initiative, Inc.

ARTICLE II PRINCIPAL STREET ADDRESS

Principal Street Address

Mailing address, if different is:

4655 Portofino Way, # 202
West Palm Beach, FL 33409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The organization is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. The Legacy Communities Initiative, Inc. is organized to provide training, support and advocacy for low income communities to address their needs. The Legacy Communities Initiative, Inc. helps communities identify the social-economic needs of their families and neighborhoods and helps to preserve and promote their assets, values, cultures and improve conditions of daily living to move toward self-sufficiency and healthy communities and families. The Legacy Communities Initiative, Inc. coaches residents to be their own community builders by teaching people to plan and sustain the rebuilding of their communities.

ARTICLE IV MANNER IN WHICH THE DIRECTORS ARE ELECTED AND APPOINTED

The manner in which the directors are elected and appointed:

All Directors are elected to office by the majority vote of existing officers.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Phillip A. Campbell - President
Address: 1206 Meramec Heights Dr.
Ballwin, MO 64021

Name and Title: Katha James - Treasurer
Address: 1579 Marshbanks
Pontiac, MI 48340

Name and Title: Dr. Cassandra L. Scott - Secretary
Address: 2221 Shoma Drive
West Palm Beach, FL 33414 -4340

Name and Title: Dr. Maria Cole - Trustee
Address: 509 B 2 Sea Oates Dr.
Juno Beach, FL 33408

Name and Title: Bessie Brown - Trustee
Address: 391 W.35th St.
Riviera Beach, FL 33404

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Cecilia E. Holloman
Address: 4655 Portofino Way #202
West Palm Beach, FL 33409

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cecilia E. Holloman
Address: 4655 Portofino Way #202
West Palm Beach, FL 33409

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

Required Signature of Registered Agent

Cecilia E. Holloman 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

Cecilia E. Holloman

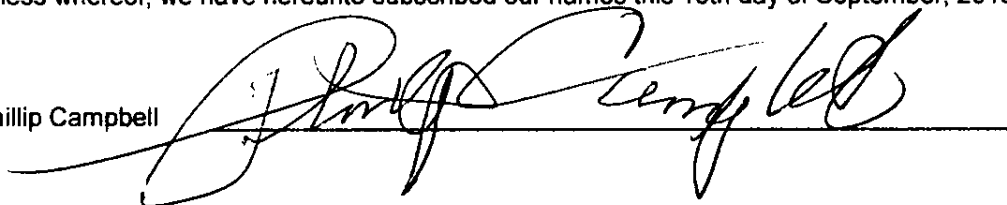
Date

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DIVISION OF CORPORATIONS
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located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

In witness whereof, we have hereunto subscribed our names this 15th day of September, 2016;

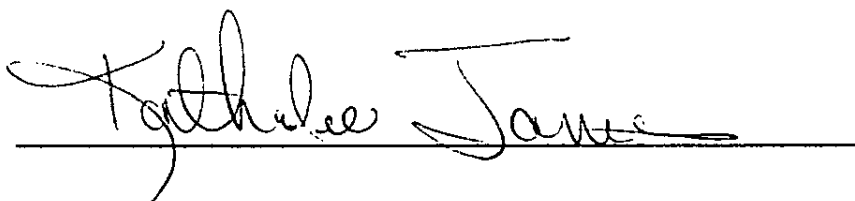
Dr. Phillip Campbell

A large, stylized handwritten signature in black ink, written over a horizontal line.

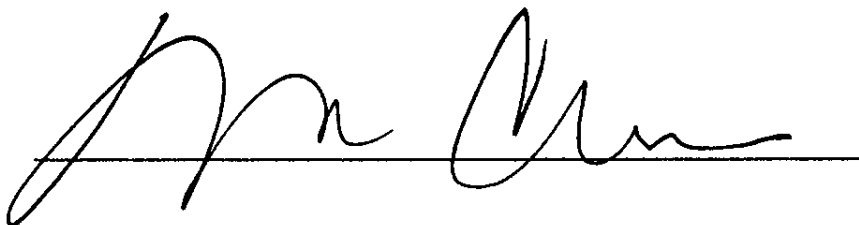
Dr. Cassandra Scott

A handwritten signature in black ink, written over a horizontal line.

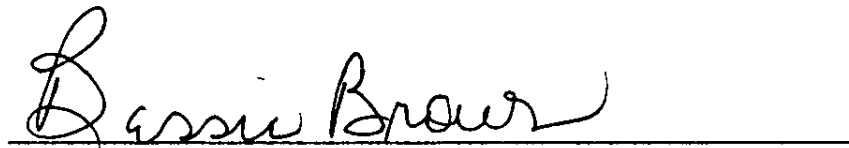
Katha James

A handwritten signature in black ink, written over a horizontal line.

Dr. Maria Cole

A handwritten signature in black ink, written over a horizontal line.

Bessie Brown

A handwritten signature in black ink, written over a horizontal line.