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(Requestor's Name)

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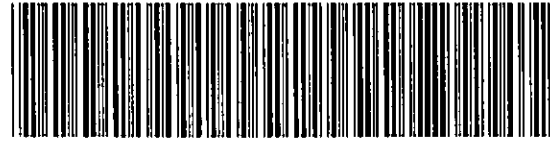
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2017

ESTHER RICHARD
642 WEST GREGORY STREET
PENSACOLA, FL 32502 US

SUBJECT: EMANCIPATION PROCLAMATION BLACK HISTORY
SCHOLARSHIP COMMITTEE
Ref. Number: W17000050110

We have received your document for EMANCIPATION PROCLAMATION BLACK HISTORY SCHOLARSHIP COMMITTEE 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 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.

JUAN A REYES
Regulatory Specialist II

Letter Number: 217A00012126

COVER LETTER

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

SUBJECT: Emancipation Proclamation Black History Scholarship Committee

(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: Esther Richard

Name (Printed or typed)

642 West Gregory Street

Address

Pensacola, Florida

City, State & Zip

850-696-9363

Daytime Telephone number

richarde16@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: Emancipation Proclamation Black History Scholarship Committee, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

642 West Gregory Street, Pensacola, Fl 32502

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To support African American students residing in Escambia County who are pursuing from an accredited institution and sponsor
a program on January 1st of each year to commemorate the signing of the Emancipation Proclamation

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rev. Z. Nicholson, President

Name and Title: _____

Address: 1901 West Romana Street
Pensacola, Fl 32501

Address: _____

Name and Title: Donna Woodard (Vice-President)

Name and Title: _____

Address: 1520 Galvin Avenue
Pensacola, Fl 32526

Address: _____

Name and Title: Henry McAway (Treasurer)

Name and Title: _____

Address: 381 Gamarra Road
Pensacola, Florida 32503

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Donna Woodard
 Address: 1520 Galvin Avenue
Pensacola, Fl 32526

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Henry McAway
 Address: 381 Gamarra Road
Pensacola, Fl 32503

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 days prior or 90 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

Donna M. Woodard
 Required Signature of Registered Agent

6/6/2017
 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.

Henry McAway
 Required Signature of Incorporator

6-6-2017
 Date