

N17000008452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

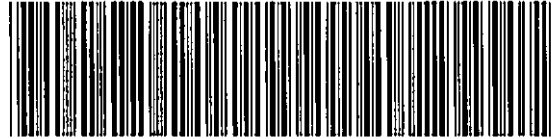
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG 15 AM 10:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

08/16/17

COVER LETTER

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

SUBJECT: Black-Stars Junior Senior Veteran 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: Joseph Smith M.

Name (Printed or typed)

607 Richmond Avenue North

Address

Lehigh Acres, Florida 33972

City, State & Zip

773-812-5844

Daytime Telephone number

Josephsmith738@hotmail.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: Black-Stars Junior Senior Veteran Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
607 Richmond Ave. North

Lehigh Acres, Florida 33972

Mailing address, if different is:

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STATE OF FLORIDA
TALLAHASSEE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help the young people of our community group develop skills and proficiency in Health, Education, Fitness & Sports. To maintain a good life.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Joseph Smith President</u>	Name and Title:	<u>Yvon Hive Vice President</u>
Address	<u>607 Richmond Avenue, North</u>	Address:	<u>1005 Anson Avenue</u>
	<u>Lehigh Acres, Florida 33972</u>		<u>Lehigh Acres, Florida 33971</u>
ame and Title:	<u>Pierre Dolet Treasure</u>	Name and Title:	<u>Peneil Adalphe Secretary</u>
ddress	<u>421 Poinsettia Avenue</u>	Address:	<u>752 Demorest Avenue</u>
	<u>Lehigh Acres, Florida</u>		<u>Lehigh Acres, Florida 33974</u>
me and Title:	<u>Geneil Jacotin Media</u>	Name and Title:	<u></u>
dress	<u>802 Felix Avenue North</u>	Address:	<u></u>
	<u>Lehigh Acres, Florida 33971</u>		<u></u>

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: Joseph Smith M.
Address: 607 Richmond Avenue North
Lehigh Acres, FL 33972

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph Smith M.
Address: 607 Richmond Avenue North
Lehigh Acres, FL 33972

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



Required Signature of Registered Agent

8/8/2017

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.



Required Signature of Incorporator

8/8/2017

Date