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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

AUG 30 2017

K. Brumbley

COVER LETTER

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

SUBJECT: SOUTH FLORIDA COALITION OF BLACK TRADE UNIONISTS, 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: EUGENE DIXON
Name (Printed or typed)

66 N.W. 165 STREET
Address

MIAMI, FLORIDA 33169
City, State & Zip

786-546-3779
Daytime Telephone number

dhumesmcbtu@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: SOUTH FLORIDA COALITION OF BLACK TRADE UNIONISTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

66 N.W. 165 STREET

MIAMI, FLORIDA 33169

Mailing address, if different is:

P.O. BOX 552150

MIAMI GARDENS, FLORIDA 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To serve as a fiercely independent voice for Black and Minority workers in the Trade Union Movement and always take a strong stand for Union Democracy. To strive for the betterment of our communities and be a force who makes a difference. To reach the underprivileged and underserved communities.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EUGENE DIXON, PRESIDENT

Address: P.O. BOX 552150

MIAMI GARDENS, FL 33055

Name and Title: DESHAUN HUMES, TREASURER

Address: P.O. BOX 552150

MIAMI GARDENS, FL 33055

Name and Title: CASSANDRA GILBERT, V. PRES.

Address: P.O. BOX 552150

MIAMI GARDENS, FL 33055

Name and Title: SARAH COLLIE, RECORDING SECRETARY

Address: P.O. BOX 552150

MIAMI GARDENS, FL 33055

Name and Title: TANAKA CHARLES, 1st V. PRES.

Address: P.O. BOX 552150

MIAMI GARDENS, FL 33055

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: EUGENE DIXON

Address: 66 N.W. 165 STREET

MIAMI, FLORIDA 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DESHAUN HUMES

Address: 2735 N.W. 163RD STREET

MIAMI GARDENS, FL 33054

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

Eugene M. Dixon

Required Signature of Registered Agent

8-24-17

Date

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.

Deshaun Humes

Required Signature of Incorporator

8/24/17

Date