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(Requestor's Name)

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(Business Entity Name)

(Document Number)

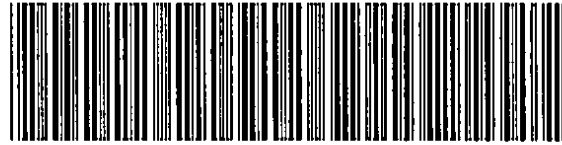
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T. SCOTT



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STATE OF NEW YORK

## COVER LETTER

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

SUBJECT: Second Chance Alliance 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: LAKEISHA ROBERSON  
Name (Printed or typed)

7301 W. ORLY AVE APT #80  
Address

Gainesville, FL 32607  
City, State & Zip

678.471.3590  
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be: Second Chance Alliance INC.

7301 W. UNIV AVE #80  
Gainesville, FL 32607

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AD-100

The purpose for which the corporation is organized is: To Assist Disabled and

homeless individual transition back into society  
we assist bridging the gap for employment,  
housing and education.

### Person experience and Education and their Vote

Name and Title: Jeremy Jones ~~President~~ Name and Title: CORA BRADLEY ~~Director~~

Address 234 Evergreen way  
Stockbridge, GA 30281

Name and Title: CORA BRADLEY | Director

Address: 7301 W Univ Ave  
Gainesville, FL 32607  
Appt # 80

Name and Title: Tracy Hill / Secretary

Address 1002 NE 19<sup>th</sup> PLACE  
Gainesville, FL 32609

Name and Title: Lakeisha Robinson/Asst. President

Address: 111 NE 24<sup>th</sup> Terr  
Gainesville, FL 32641

Name and Title: Tamikia Berry | Treasurer

Address 15215 Livingston Ave  
Tampa, FL 33559  
Appt 105

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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: Lakeisha Robinson

Address: 7301 W Univ Ave Apt #80  
Gainesville, FL 32609

**ARTICLE VII INCORPORATOR**

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

Name: Lakeisha Robinson

Address: 7301 W Univ Ave Apt #80  
Gainesville, FL 32609


**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

11-11-17  
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

11-11-17  
Date