## N18000001027

(R	Requestor's Name)			
A)	ddress)			
(A	ddress)			
(C	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only

N. SAMS JAN 3 0 2018



300307508603

01/10/18--01003--007 ♦•78.75

18 JAN 29 PM 12: 1.1



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2018

JAMESHIA JEFFERSON 3009 SAINT CONRAD TAMPA, FL 33607

SUBJECT: ANGELA DAVIS INC. Ref. Number: W18000003238

We have received your document for ANGELA DAVIS INC. 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please list the officer/directors address in the designated section.

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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 118A00000745

www.sunbiz.org

JAN 29 PM IZ: 22

## COVER LETTER

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

SUBJECT:	Angela Davis Inc				
SUBJECT:	(PROPOSED CORPORATE NAME -		MUST INCLUDE SUFFIX)		
Enclosed is an original a	nd one (1) copy of the Artic	les of Incorpo	ration and a	check for :	
				<b>□</b> \$87.50	
<b>□</b> \$70.00	\$78.75	\$78.75	1	Filing Fee.	
Filing Fee	Filing Fee &	Filing Fee	d Copy	•	
	Certificate of	& Cerune	d Copy	& Certificate	
	Status			C Objettivous	
		ADDITI	ONAL COP	Y REQUIRED	
FROM:	FROM: Jameshia Jefferson  Name (Printed or typed)				
	3009 W. Saint Conrad				
	Address				
	Tampa, Florida, 33607  City, State & Zip				
	C	` <b> </b>			
	813-503-6121				
	Daytin	imber			
	jjefferson813@gmail.com				
	E-mail address: (to be used for fi	uture annual rep	odrt 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)

ich the corporation is organized is:  g of distributions to organizations under s	Tam	Mailing address, if different is: Box 273774  pa, Fl 33688  ganized exclusively for charitable, educ	
Conrad  33607  URPOSE ich the corporation is organized is: g of distributions to organizations under s	Tam	pa, Fl 33688	
URPOSE ich the corporation is organized is:  g of distributions to organizations under s	orporation is or	panized exclusively for charitable, educ	
ich the corporation is organized is:  g of distributions to organizations under s		ganized exclusively for charitable, educ	
	youth in the ci	) of the Imternal Revenue Code or the ty of Tampa. Our purpose is to serve th	corresponding sect
SITIAL OFFICERS AND/OR DIRECTO	<u>rs</u>		
	Name and Title		_
	Address:		<del></del>
mpa, Fl 33688		# # # # # # # # # # # # # # # # # # #	- - <del></del> <del></del>
	Name and Title		—33a —25
	Address:	<u>m; -: </u>	29 ;
mpa, Fl 33688	Name and Title	100 cm	FH 12:22
	ANNER OF ELECTION The manner in the manner i	ANNER OF ELECTION The manner in which the direction of th	Name and Title:  Name and Title:  Name and Title:  No. Box 273774  Address:  Name and Title:  Name and Title:

Name and Title: Address	Name and Title: Address:		
Name and Title:_ Address	Name and Title: Address:		
ARTICLE VI The name and FI Name: Address:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the regis Belinda Jefferson 3009 Saint Conrad Tampa Fl, 33607		
ARTICLE VII The name and and and Name: Address:	Jameshia Jefferson  3009 Saint Conrad  Tampa Fl, 33607	B JAN 29 PM IZ: 22	<u>C</u>
CCC mains data id	other than the date of filing: January 1,2018 date is listed, the date must be specific and cannot be mo	(OPTIONAL) re than five days prior or 90 days after the	filing.)
document's effe	e inserted in this block does not meet the applicable statutor ctive date on the Department of State's records.		
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agent  Required Signature of Registered Agent		Date	
I submit this does to the Departme	cument and affirm that the facts stated herein are true. I ament of State constitutes a third degree felony as provided for in	aware that any false information submitted in s.817.155, F.S.	n a document
	Required Signature of theorporator		