N14 00000 6060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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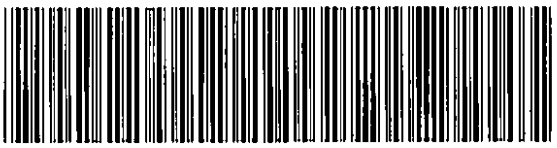

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18 JUN -5 PM 1:16

COVER LETTER

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

SUBJECT: Taking Our Cities Back 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: Jared Rackley
Name (Printed or typed)

775 Rustling Pines Blvd
Address

Midway FL 32343
City, State & Zip

404-719-2993
Daytime Telephone number

TCCB2016@gmail.com
E-mail address: (to be used for future annual report notification)

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18 JUN -5 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: Taking Our Cities Back Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
775 Rustling Pines Blvd
Midway FL 32343

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To effect change by preparing students to successfully pursue their Arts and Gain a Higher learning and at the same time build trust Between law and citizens again

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

Did by the Ceo and one members vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Javal J-Luv Rackley
Address: 775 Rustling Pines Blvd
Midway FL 32343
Title: CEO/President

Name and Title: Rev Terry Price
Address: 840 Dunn St.
Tallahassee FL 32304
Title: Director/Officer

Name and Title: Linn Ann J Griffin
Address: 818 W. Brevard St.
Tallahassee FL 32301
Title: Vice President

Name and Title: Cayonda Spires
Address: 4430 apt b Holly Hill DR.
Marianna FL 32448
Title: Director planning/marketing

Name and Title: Monica Gaindus
Address: 4620 Hosford hwy
Quincy FL 32351
Title: Secretary/Treasurer

Name and Title: Benamin Crump
Address: 122 S. Calhoun St.
Tallahassee FL 32301
Title: Officers/Director

Name and Title: Rev Clarence Jackson Name and Title: Dianne Williams-Cox

Address: 5293 Corwin Pr. Address: 1563 Capital Cir SE #157

Tallahassee FL 32303 Tallahassee FL 32301

Title: Asst. Director Community Affairs Title: Asst. Director Community Affairs

Name and Title: Roderick Gurney Name and Title: Audrey R. Smith (chief)

Address: 4374 Cool View Dr. Address: 2825 Municipal Way

Tallahassee FL 32303 Tallahassee, FL 32304

Title Asst. Director Planning/Marketing Title Director Planning/Community Affa

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Jared J-Luv Rackley

Address: 775 Rustling Pines Blvd

Midway FL 32343

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Jared J-Luv Rackley

Address: 775 Rustling Pines Blvd

Midway FL 32343

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 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 Date