

W18000007072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

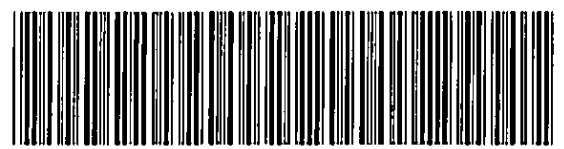
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JUN 29 2018

SECRETARY OF STATE
111 HARRIS ST
FLORIDA

COVER LETTER

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

SUBJECT: _____
(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: United Ebonyettes of Tallahassee.
Name (Printed or Typed)

3005 Lyndon Drive
Address

Tallahassee FL 32305
City, State & Zip

(850) 212-7081
Daytime Telephone number

My93005
My93005@yahoo.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: United Ebonyettes of Tallahassee, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3005 Lyndon Drive
Tallahassee, FL 32305

Mailing address, if different is:

3005 Lyndon Drive
Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote and encourage civic social and charitable awareness within the communities of Tallahassee

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Officers are elected on a biennial basis

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alberta Granger, president
Address: 2001 Wildridge Dr
Tallahassee, FL 32303

Name and Title: Mary Williams, Treasurer
Address: 3005 Lyndon Drive
Tallahassee, FL 32305

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Mary Williams
 Address: 3005 Lyndon Drive
Tallahassee, FL 32305

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mary Williams
 Address: 3005 Lyndon Drive
Tallahassee, FL 32305

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/29/2018 (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

Mary Williams
 Required Signature of Registered Agent

6/29/18
 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.

Mary Williams
 Required Signature of Incorporator

6/29/18
 Date