N18000009977

(Requ	uestor's Name)	
(Addr	ess)	
(Addr		
Ų WW.	•••,	
		
(City/	State/Zip/Phone	≘#)
PICK-UP	X WAIT	MAIL
(Busin	ness Entity Nan	ne)
- (Doci	ıment Number)	
(5000)		
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
	_	

Office Use Only



800318510928

800318510928 09/19/18--01002--010 ***87.50

DEPARTMENT OF STREET

N CULLIGAN SEP 1 8 2018

COVER LETTER

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

SUBJECT: Sickle Cell Fighting Troops, INC (PROPOSED CORPOBATE NAME - MUST INCLUDE SUFFIX)				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is an original and	one (1) copy of the Artic	es of Incorporation and	a check for :	
isherosed is an original and	one (1) copy of the rittle			
\$70.00	□ \$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,	
	Certificate of	& Certified Copy	Certified Copy & Certificate	
	Status		& Certificate	
		ADDITIONAL COPY REQUIRED		
		<u> </u>		
FROM: Denise L. Johnson - Davis Name (Printed or typed)				
4				
4768 Wartville Hwy. Apt. 411				

E-mail address: (to be used for tubre annual report notification)

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

1 Danise Johnson-Davisvill not reinstate Sickle Cell Fighting Traps, INC

Document number N14000058619.

And will file a new filing with the same name.

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

The name of the	e corporation shall be: Sickle Cell	Fightin	g Troops, INC.	• • • •	5.5 g 73. 2
ARTICLE II	PRINCIPAL OFFICE				
	Principal <u>street</u> address:	<u> 4</u> "	Mailing address, if different is: 768 Wardulle Hury.	<u> </u>	
		<u> </u>	allahassee, F70nida 3	12305	
ARTICLE III The purpose for gray 25. I Suppor	Helping those when he with the ups and o	support ave 51 down 3	ine, informative, make, informative, make Coll deal with	entoing n life a where i	_ <u>'n</u> d <u>-ls</u>
•					——————————————————————————————————————
ARTICLE IV Cell M ARTICLE V	MANNER OF ELECTION The manner DECTINGS Held DNCE	a year.		<u>our Sid</u> —	rle
	18: Denise Johnson-Davis		de: <u>Isadore Davis</u>	2018	
Address	4768 Hardville Hung Apt 411		4768 Woodville Huy Az	13. A. J.	11
	Tallahassee, Florida 32305		Tallahasses, Florida 32	365 0	ć
Name and Tit	le:	Name and Ti	tle:	. .	
Address		Address:			
		-			ALC CALL
Name and Tit	tle:	Name and Ti	itle:		
Address		_ Address:			
		-			
		-			

Name and Title:_	Name a	ind Title:	
Address	Addres	s:	_
			_
_	<u> </u>		
Name and Title:_	Name a	and Title:	
Address	Addres	ss:	· · · · · · · · · · · · · · · · · · ·
_			<u> </u>
- <u>-</u> -			
		:	2018
	<u>REGISTERED AGENT</u> o <u>rida street address</u> (P.O. Box NOT acceptable) o	f the registered agent is:	SE -7
Name:	Renise L. Johnson-Davis	- -	2018 SEP 10
Address:	4768 Woodville Huy Apt. 41	1	
	Tallahoosee, Florida 32305	_	
	INCORPORATOR		
	dress of the Incorporator is:	•	
Name:	Danise Johnson-Davis		
Address:	4768 Woodville Huy Apl 4		
1	Tallahassee, Florida 32305	_	520 S.F. F. C. S.
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cannot	ot be more than five days prior or 90 days a	after the filing.)
Note: If the date document's effect	inserted in this block does not meet the applicable tive date on the Department of State's records.	e statutory filing requirements, this date will no	ot be listed as the
Having been nate certificate, I am	ned as registered agent to accept service of proc amiliar with that accept the appointment as registed	ess for the above stated corporation at the ple ered agent and agree to act in this capacity	lace designated in this
nuncie	Required Signature of Registered Agent	1):	ate
	ument and affirm that the facts stated herein are to at of State constitutes a third degree felony as prov		bmitted in a document
Danise	Required Signature of Incorporator		Date

. .