

W19000003629

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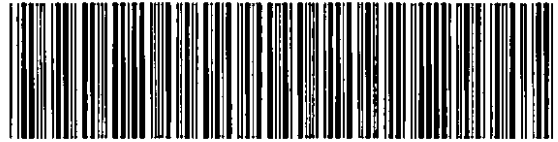
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W19000017289

TB 3/27/19



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FILED

2019 MAR -5 AM 8:25



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2019

ISMALIA BARROW  
5095 39TH ST SOUTH  
ST PETERSBURG, FL 33711

SUBJECT: TAMPA BAY SENEGAMBIAN ASSOC. INC  
Ref. Number: W19000017289

We have received your document for TAMPA BAY SENEGAMBIAN ASSOC. INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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/>

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 619A00003706

## COVER LETTER

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

SUBJECT: TAMPA BAY SENE GAMBIAN ASS. 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: ISMAILA BARROW  
Name (Printed or typed)

5095 34<sup>th</sup> ST. SOUTH  
Address

ST. PETERSBURG, FL 33711  
City, State & Zip

727-239-8949  
Daytime Telephone number

wovrabi@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: TAMBA BAY SENEGAMBIAN ASSN INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

~~5095 39th STS.~~

5095 39th STS.

ST. PETERSBURG, FL 33711

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO GIVE EMERGENCY ASSISTANCE TO MEMBERS WHO ARE IN NEED, EITHER MEDICAL OR FINANCIAL. ALSO SHORT TERM ASSISTANCE IN CASE ONE BECOMES TEMPORARLY UNEMPLOYED FOR ANY REASON.

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

DIRECTORS WERE DEMOCRATICALLY ELECTED

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ISMAILA BARROW DIRECTOR

Address: 5095 39th ST. SOUTH Address:

ST. PETERSBURG,

FL. 33711

Name and Title: NAFI GUNNINGHAM SEC. / TREAS

Address: 5613 70th Av. Address:

ELLENTON,

FL 34222

Name and Title: PASEENY PAAL A.D. Address:

Address: 3001 58th A/S Address:

ST. PETERSBURG FL

33712

2015 MAR -5 AM 8:25

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:

ISMAILA BARROW

Address:

5095 39<sup>th</sup> ST. SOUTH  
ST. PETERSBURG, FL 33711

**ARTICLE VII INCORPORATOR**

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

Name:

ISMAILA BARROW

Address:

5095 39<sup>th</sup> ST. SOUTH  
ST. PETERSBURG, FL 33711

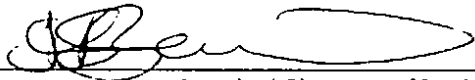
**ARTICLE VIII EFFECTIVE DATE:**

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

3/22/19

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

3/22/19

Date