





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2019

MARCEL BROWN  
2616 MAGPIE WAY  
SANFORD, FL 32773

SUBJECT: AF MEN'S ALLIANCE INC.  
Ref. Number: W19000087754

We have received your document for AF MEN'S ALLIANCE 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):

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/>

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 919A00020149

## COVER LETTER

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

SUBJECT: Alliance  
4F Men's Group 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: MARCEL BROWN  
Name (Printed or typed)

2616 MAGPIE WAY  
Address

SANFORD, FL 32773  
City, State & Zip

407-435-1127  
Daytime Telephone number

4Fmensgroup@gmail.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: Alliance 4F Men's Group Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

2616 MAGPIE WAY

SANFORD, FL 32773

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE ASSISTANCE AND RESOURCES FOR MEN IN NEED. THIS MAY INCLUDE FINANCIAL OR FAITH BASED COUNSELING, CLOTHING, EDUCATION RESOURCES, + LEGAL ASSISTANCE. THE ORGANIZATION FOCUSES ON FAITH, FAMILY, FINANCE, + FITNESS

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

MAJORITY VOTE BY THE BOARD OF DIRECTORS

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

Name and Title: MARCEL BROWN - CEO

Address: 2616 MAGPIE WAY  
SANFORD, FL 32773

Name and Title: CHRISTINA BROWN - Chairman

Address: 2616 MAGPIE WAY  
SANFORD, FL 32773

Name and Title: TARMALE DANIEL - Chairman

Address: 38434 SANTA ANNA  
CLINTON TOWNSHIP, MI 48036

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

19 NOV - 4 PM 10:22  
ALLIANCE 4F MEN'S GROUP INC.

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: MARCEL BROWN  
Address: 2616 MAGPIE WAY  
SANFORD, FL 32773

**ARTICLE VII INCORPORATOR**

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

Name: MARCEL BROWN  
Address: 2616 MAGPIE WAY  
SANFORD, FL 32773

**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*

Mark

Required Signature of Registered Agent

5-18-19

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.*

Mark

Required Signature of Incorporator

5-18-19

Date

FILED  
10 NOV - 4 PM 10:22  
TALLAHASSEE, FLORIDA