

12/31/2019

Division of Corporations

Florida Department of State

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
AFRIKAN PEOPLE UNITED INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
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SECRETARY OF STATE
TALLAHASSEE, FL

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8

Electronic Filing Menu

Corporate Filing Menu

Help

1/3/20

COVER LETTER

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

SUBJECT: AFRIKAN PEOPLE UNITED 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: Cheyenne Moseley, LegalZoom.com, Inc.

Name (Printed or typed)

101 N. Brand Blvd., 10th Floor

Address

Glendale, CA 91203

City, State & Zip

323.962.8600 x 7625

Daytime Telephone number

onlinefilings@legalzoom.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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: AFRIKAN PEOPLE UNITED INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2423 S Orange Ave., #320

Orlando, FL 32806

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To honor African ancestors by telling our story, the history of our people, and inspire, empower and prepare our African people to rise together and build healthier and economically viable communities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The method by which the directors of the corporation are elected or appointed will be stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Julius Conway, P. D</u>	Name and Title:	<u>Beverley Mcmain, T</u>
Address	<u>2423 S Orange Ave., #320</u>	Address:	<u>2423 S Orange Ave., #320</u>
	<u>Orlando, FL 32806</u>		<u>Orlando, FL 32806</u>
Name and Title:	<u>Jeremiah Donald, S</u>	Name and Title:	<u>Japel Newsome, D</u>
Address	<u>2423 S Orange Ave., #320</u>	Address:	<u>2423 S Orange Ave., #320</u>
	<u>Orlando, FL 32806</u>		<u>Orlando, FL 32806</u>
Name and Title:	<u>Lance Scurvin, D</u>	Name and Title:	
Address	<u>2423 S Orange Ave., #320</u>	Address:	
	<u>Orlando, FL 32806</u>		

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TALLAHASSEE, FL

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FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: United States Corporation Agents, Inc.Address: 5575 S. Semoran Blvd., Suite 36Orlando, FL 32822**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Cheyenne Moseley, Legalzoom.com, Inc.Address: 101 N. Brand Blvd. 11th FloorGlendale, CA 91203**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 business days prior or 90 business 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**FILED**
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SECRETARY OF STATE
TALLAHASSEE, FL