

12/31/2020

Division of Corporations

N21 Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****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
Black Executive CMO Alliance Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Black Executive CMO Alliance Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address:

435 Plaza Real, Suite 275

Mailing address, if different is

BOCA RATON, Florida, 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a nonprofit corporation dedicated to developing and mentoring the current and next generations of Black marketing leaders to become CMO's.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed _____ as stated by the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jerri DeVard, CEO

Address: 435 Plaza Real, Suite 275

BOCA RATON, Florida, 33432

Name and Title: Jerri DeVard, President

Address: 435 Plaza Real, Suite 275

BOCA RATON, Florida, 33432

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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FILE

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeri DeVard
Address: 435 Plaza Real, Suite 275
BOCA RATON, Florida, 33432

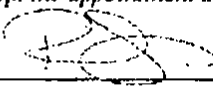
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

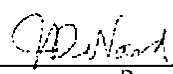
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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:

By: C T Corporation System  Rose Song, Assistant Secretary 12.31.2020
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.

 12/30/2020
Required Signature of Incorporator Date

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