

N21000000 965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP



WAIT

MAIL

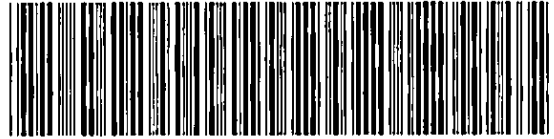
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/08/21--01071--012 **81.5*



FEB -5 PM 4:36

CLERK

2021 FEB -5 PM 4:20

COVER LETTER

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

SUBJECT: Black History Alliance, 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: Priscilla Hawkins

Name (Printed or typed)

1325 Mahan Drive

Address

Tallahassee FL 32308

City, State & Zip

850/879-9282

Daytime Telephone number

priscillahawkins@hotmail.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: Black History Alliance, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1325 Mahan Drive

Mailing address, if different is:

1325 Mahan Drive

Tallahassee, FL 32308

Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide educational, historical, civic and social events and programs focused on the contributions, achievements, and legacies of Black people (individuals of African descent).

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Priscilla Hawkins - President/CEO

Name and Title: _____

Address: 1325 Mahan Drive
Tallahassee, FL 32308

Address: _____

Name and Title: Keith Parker - Director

Name and Title: _____

Address: 3282 Salinger Way
Tallahassee FL 32311

Address: _____

Name and Title: Betty Belinfante - Director

Name and Title: _____

Address: 1012 Sayers Drive
Tallahassee FL 32305

Address: _____

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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: Priscilla Hawkins
Address: 1325 Mahan Drive
Tallahassee FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Priscilla Hakins
Address: 1325 Mahan Drive
Tallahassee FL 32308

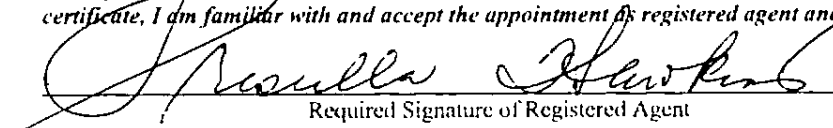
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 29, 2021. (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.)

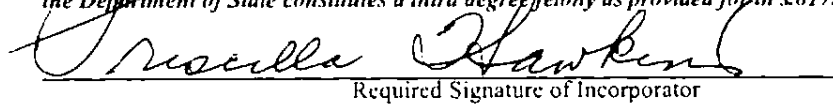
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

February 5, 2021
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

February 5, 2021
Date