

N22000011857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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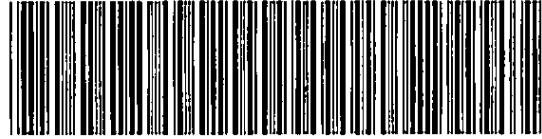
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Diversity and Talent 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: James N. McConnaughay
Name (Printed or typed)
1709 Hermitage Boulevard, Suite 200
Address
Tallahassee, FL 32308
City, State & Zip
850-222-8121
Daytime Telephone number
jnmcconnaughhay@mcconnaughhay.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: Diversity and Talent Alliance, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2486 Remington Green, Suite A, Tallahassee, FL 32308

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote Diversity, Equality, Inclusion and Belonging.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By vote of the
Directors in accordance with approved By-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Sabrina Mitchell - President</u>	Name and Title:	<u>Elise White - Secretary/Director</u>
Address	<u>2701 N. Rocky Point Drive, Suite 250</u> <u>Tampa, FL 33607</u>	Address:	<u>480 Foxfire Drive S.W.</u> <u>Smyrna, GA 30082</u>
Name and Title:	<u>Melissa Volk - Vice President</u>	Name and Title:	<u>Kimberly Johnson Harris - Director</u>
Address	<u>1715 North Westshore Blvd., Suite 900</u> <u>Tampa, FL 33607</u>	Address:	<u>14145 Tamentus Avenue</u> <u>Riverview, FL 33569</u>
Name and Title:	<u>Sean O'Connor - Treasurer/Director</u>	Name and Title:	
Address	<u>2790 N.W. 43rd Street, Suite 300</u> <u>Gainesville, FL 32606</u>	Address:	

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: James N. McConnaughay

Address: 1709 Hermitage Blvd., Suite 200

Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James N. McConnaughay

Address: 1709 Hermitage Blvd., Suite 200

Tallahassee, FL 32308

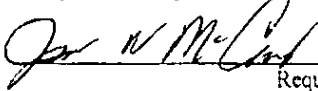
ARTICLE VIII EFFECTIVE DATE:

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

10/18/22
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

10/18/22
Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2022

JAMES N. MCCONNAUGHAY
1709 HERMITAGE BLVD STE 200
TALLAHASSEE, FL 32308

SUBJECT: DIVERSITY AND TALENT ALLIANCE LLC
Ref. Number: W22000125512

We have received your document for DIVERSITY AND TALENT ALLIANCE LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A recent audit of our records has discovered the business entity filed in this office as a corporation contains an unacceptable corporate indicator.

The purpose of this letter is to advise of this error and to let you know the document was accepted in error.

At this point, we are asking for clarification as to whether you want to be a corporation or were you trying to form a limited liability company.

If a corporation is the desired end result, please reply giving this office an acceptable corporate indicator, such as inc., incorporated, corp., corporation etc. We will then correct the record.

If a limited liability company is the desired end result, please reply advising this office of your wishes. The original filing will be marked as 'Filed in Error' and a refund will be issued to the credit card that paid for this filing. You will then need to return to our website and choose the 'New Florida LLC' filing option under our 'Filing Services' menu and start the process again.

We apologize for any inconvenience this may cause but our ultimate goal is accurate records.

If you have any questions, please feel free to contact us.

ARCEDRA JOHNSON
Division of Corporations
850-245-6052

THE FORM YOU SUBMITTED IS INCORRECT AND THE FEES. IF YOU ARE TRYING TO START AN LLC PLEASE GO TO OUR SITE AND DOWNLOAD THE CORRECT FORMS AND SEND IN THE CORRECT FEE FOR AN LLC

FILING WHICH ARE \$125.00

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.

ARCEDRA JOHNSON
Regulatory Specialist II

Letter Number: 922A00022063

COVER LETTER

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

SUBJECT: Diversity and Talent Alliance, LLC
(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
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☒ \$78.75
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Certificate of
Status

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FROM: James N. McConnaughay
Name (Printed or typed)

1709 Hermitage Blvd., Suite 200

Address

Tallahassee, FL 32308

City, State & Zip

850-222-8121

Daytime Telephone number

jnmcconnaughay@mcconnaughay.com

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

NOTE: Please provide the original and one copy of the articles.

- Article III: The specific purpose or purposes for which the corporation is organized. A **general statement of "any and all lawful business" will not be sufficient.**
- Article IV: The manner in which the Directors are elected or appointed.
- Article V: The names, address and titles of the Directors/Officers (**optional**) When naming Directors, 3 must be listed. The names of officers/directors may be required to apply for a license, open a bank account, etc.
- Article VI: The name and **Florida street address** (P.O. Box **NOT** acceptable) of the initial Registered Agent. The Registered Agent **must** sign in the space provided and type or print his/her name below signature accepting the designation as Registered Agent.

- Article VII: The name and address of the Incorporator. The Incorporator **must** sign in the space provided and type or print his/her name below signature.

The "incorporator" is the person who prepares and signs the Articles of Incorporation and then submits them for filing to the Division of Corporations. The function of the incorporator usually ends after the corporation is filed.

An Effective Date: Add a separate article if applicable or necessary: An effective date **may** be added to the Articles of Incorporation, otherwise the date of receipt will be the file date. (An effective date can not be more than five (5) days prior to the date of receipt or ninety (90) days after the date of filing).

Important Information About the Requirement to File an Annual Report

All Florida Not- For-Profit Corporations must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$61.25. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org.

The fee for filing a not for profit corporation is:

Filing Fee	\$35.00
Designation of Registered Agent	\$35.00
Certified Copy (optional)	\$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50).
Certificate of Status (optional)	\$8.75

(Make checks payable to Department of State)

Mailing Address:

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

Street Address:

Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303
(850) 245-6052

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

ARTICLE I NAME

The name of the corporation shall be: Diversity and Talent Alliance, LLC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote Diversity, Equality, Inclusion and
Belonging

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By vote of
the Directors in accordance with approved By-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sabrina Mitchell-President Name and Title: Elise White - Secretary

Address: 2701 N. Rocky Point Drive Address: 1299 Zurich Way
Suite 250 Schaumburg, IL 60196
Tampa, FL 33607

Name and Title: Melissa Volk, Vice President Name and Title: Kimberly Johnson Harris, Director

Address: 1715 North Westshore Blvd. Address: 14145 Tomentosa Ave.
Suite 900 Riverview, FL 33569
Tampa, FL 33607

Name and Title: Sean O'Connor, Treasurer Name and Title: _____

Address: 2790 N.W. 43rd Street Address: _____
Suite 300 _____
Gainesville, FL 32606 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Address: _____ Address: _____

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

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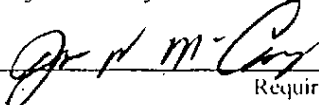
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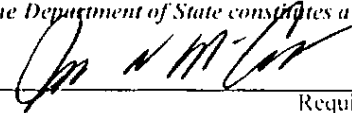
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Required Signature of Registered Agent

9/16/22
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

9/16/22
Date

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Tampa, FL 33607

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Name and Title: Kimberly Johnson Harris, Director

Address 1715 North Westshore Blvd.

Address: 14145 Tamentosa Ave.

Suite 900

Riverview, FL 33569

Tampa, FL 33607

Name and Title: Sean O'Connor, Treasurer

Name and Title: _____

Address 2790 N.W. 43rd Street

Address: _____

Suite 300

Gainesville, FL 32606

Name and Title: _____ Name and Title: _____

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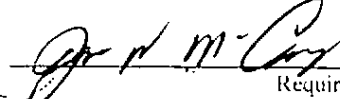
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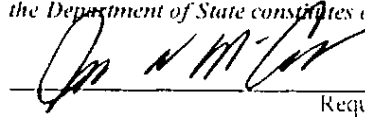
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