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## **COVER LETTER**

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

SUBJECT:	1925 Alpha Men of Jacksonville Foundation, 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:	LeMorris Prier, Sr.		
	Name (Printed or typed)		
	10990 Hickory Trace Lane		
	Address		
	Jacksonville, FL 32256		
	City, State & Zip		
	(904) 728-8371		
Daytime Telephone number			
	usataxmail@gmail.com		

SECRETARY OF THATE

22 OCT 25 AM 5: 1

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

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

<u>ARTICLE II                                   </u>	PRINCIPAL OFFICE	Jacksonville Found				
Principal <u>street</u> address: 10990 Hickory Trace Lane		P.O. 1	Mailing address, if different is: P.O. Box 40081			
Jacks	onville, FL 32256	Jacks	Jacksonville, FL 32203			
charitable ager	PURPOSE or which the corporation is organized is: ncy that endeavors to build a progressive a	and innovative come	nunity of males in the Jacksonville, Flo	rida metr	opolitan ———	
	to modeling and developing: leadership,		nic excellence, economic security, prote	essional s	uccess,	
positive person	nal health and social equity for its member	rs and community.				
			C D	T		
<u>ARTICLE IV</u>	MANNER OF ELECTION The man	nner in which the dire	ectors are elected and appointed:	-Laws.		
<u>ARTICLE IV</u>	MANNER OF ELECTION The man	nner in which the dire	ectors are elected and appointed:	-Laws.		
ARTICLE IV	MANNER OF ELECTION The man		ectors are elected and appointed:			
	INITIAL OFFICERS AND/OR DIRECT		Clarence O. Wilkerson, Director	22		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>CTORS</u>	Clarence O. Wilkerson, Director	2		
ARTICLE V  Name and Title	INITIAL OFFICERS AND/OR DIRECT	CTORS  Name and Title	Clarence O. Wilkerson, Director	<b>22</b> 0CT 25		
ARTICLE V  Name and Title	EXECUTION OF THE CONTROL OF THE CONT	CTORS  Name and Title	Clarence O. Wilkerson, Director	22 OCT 25 AM	FILED	
ARTICLE V  Name and Title  Address	ENITIAL OFFICERS AND/OR DIRECT  Tyrail D. Williams, Director  10087 Chester Creek Road  Jacksonville, FL 32218  Dr. Walter T. Tillman, Jr., Director	CTORS  Name and Title	Clarence O. Wilkerson, Director  13449 Stanton Drive  Jacksonville, FL 32225  Dr. LeMorris Prier, Sr. Director	<b>22</b> 0CT 25	FILED	
Name and Title Address Name and Title	ENITIAL OFFICERS AND/OR DIRECT  Tyrail D. Williams, Director  10087 Chester Creek Road  Jacksonville, FL 32218  Dr. Walter T. Tillman, Jr., Director	Name and Title Address: Name and Title	Clarence O. Wilkerson, Director  13449 Stanton Drive  Jacksonville, FL 32225  Dr. LeMorris Prier, Sr. Director	22 OCT 25 AM	FLED	
ARTICLE V  Name and Title  Address	e: Tyrail D. Williams, Director 10087 Chester Creek Road Jacksonville, FL 32218  Dr. Walter T. Tillman, Jr., Director	CTORS  Name and Title  Address:	Clarence O. Wilkerson, Director	22 OCT 25 AM	FILED	
Name and Title Address Name and Title Address	Enitial Officers And/OR DIRECT  e:  Tyrail D. Williams, Director  10087 Chester Creek Road  Jacksonville, FL 32218  Dr. Walter T. Tillman, Jr., Director  e:  P.O. Box 2879  Jacksonville, FL 32203	CTORS  Name and Title Address:  Name and Title Address:  Address:	Clarence O. Wilkerson, Director  13449 Stanton Drive  Jacksonville, FL 32225  Dr. LeMorris Prier, Sr., Director  10990 Hickory Trace Lane  Jacksonville, FL 32256	22 OCT 25 AM	FILED	
Name and Title Address Name and Title	Enitial Officers And/OR DIRECT  e:  Tyrail D. Williams, Director  10087 Chester Creek Road  Jacksonville, FL 32218  Dr. Walter T. Tillman, Jr., Director  e:  P.O. Box 2879  Jacksonville, FL 32203	Name and Title Address: Name and Title	Clarence O. Wilkerson, Director  13449 Stanton Drive  Jacksonville, FL 32225  Dr. LeMorris Prier, Sr., Director  10990 Hickory Trace Lane  Jacksonville, FL 32256	22 OCT 25 AM	FILED	

Name and Title	Benny J. Moore, Sr., Director	Name and Title:		
Address	12555 Angel Lakes Drive W			
	Jacksonville, FL 32218			_
Name and Title Address	p;			
ARTICLE VI The name and Name:	REGISTERED AGENT Florida street address (P.O. Box NOT Jeffrey S. Turner	acceptable) of the registered agent	is:	
Address:	Jacksonville, FL 32258			
ARTICLE VII The name and	INCORPORATOR address of the Incorporator is:			
Name:	Dr. LeMorris Prier, Sr.			
Address:	10990 Hickory Trace Lane			ls <b>2</b>
	Jacksonville, FL 32256		רוא	TT
Effective date	I EFFECTIVE DATE: if other than the date of filing: e date is listed, the date must be speci	r 26, 2022 fic and cannot be more than five	IUNNALI :	ORIT 25 ming.)
Note: If the da	ate inserted in this block does not meet ective date on the Department of State	the applicable statutory filing requ	_	
	named as registered agent to accept sen in familiar with and accept the appoints			ice designated in this
	Jeffrey X	irmer	October 19, 2	.022
	Required Signature of Regis	stered Agent	Da	(e

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.