

N 23000009454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

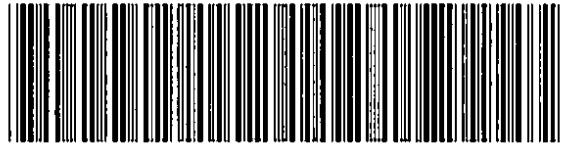
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RECORDS OFFICE  
OF THE  
CORPORATIONS  
DIVISION  
TALLAHASSEE, FLORIDA

2023 AUG -7 PM 3:30

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## COVER LETTER

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

**SUBJECT:** Leon County Chamber of Commerce, 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:** Adner Marcelin  
\_\_\_\_\_  
Name (Printed or typed)

122 S. Calhoun Street  
\_\_\_\_\_  
Address

Tallahassee, FL 32301  
\_\_\_\_\_  
City, State & Zip

(850) 284-9880  
\_\_\_\_\_  
Daytime Telephone number

leoncountychamber@gmail.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: Leon County Chamber of Commerce, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
122 S. Calhoun Street

Tallahassee, FL 32301

Mailing address, if different is:

PO Box 21371

Tallahassee, FL 32316

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Leon County Chamber of Commerce was created to promote a business environment that promotes economic development, sustains economic vitality, and enhances the appeal to locate, conduct and grow businesses in Leon County.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As provided for in the

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Adner Marcelin, President / ~~Director~~

Address: 122 S. Calhoun Street  
Tallahassee, FL 32301

Name and Title: Marie Rattigan, Director

Address: 122 S. Calhoun Street  
Tallahassee, FL 32301

Name and Title: Serenity Williams, Director

Address: 122 S. Calhoun Street  
Tallahassee, FL 32301

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED

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: Adner Marcelin

Address: 122 S. Calhoun Street

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Adner Marcelin

Address: 122 S. Calhoun Street

Tallahassee, FL 32301

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08-05-2023. (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

08-07-2023

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

08-07-2023

Date

FILED  
08-07-2023  
11:51:27