

N240000004087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

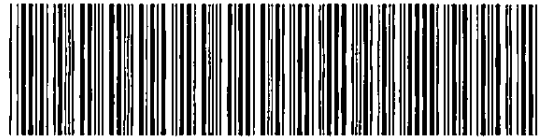
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED

2024 APR -2 AM 8:45  
2024 APR -2 AM 9:39  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

*[Handwritten signature]*

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/02/2024

**\*\*WALK IN\*\***

ENTITY NAME Black Child Development Institute - Greater Orlando Chapter, Inc

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

2024 APR -2 AM 9:16  
TALLAHASSEE, FL  
SUNSHINE STATE

FILED

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$70

ACCOUNT #: I20160000072

*S R JNO*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

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

SUBJECT: Black Child Development Institute - Greater Orlando Chapter, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.0  
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: Joseph L. Webster, Sr., MD, MBA, FACP  
Name (Printed or typed)  
8274 Via Vivakti  
Address  
Orlando, Florida 32836  
City, State & Zip  
850-445-4545  
Daytime Telephone number

joeleweb1@gmail.com

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

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

FILED  
2024 APR -2 AM 8:46  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: Black Child Development Institute - Greater Orlando Chapter, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

8455 Colesville Road  
Suite 901, Silver Spring MD 20910

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The mission of the Black Child Development Institute - Greater Orlando Chapter, Inc. is to improve and advance the quality of life for Black children and their families in Greater Orlando through education and advocacy.

We seek to ensure high quality, equitable educational opportunities that lead to empowerment of the Black Child and their families and a desirable future for the Greater Orlando area.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

The Incorporating Officers will serve as the Inaugural Board of Directors. Subsequent Directors and officers will be elected and or appointed as mandated in the appropriate sections of the most recent Constitution and By Laws (as amended)

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

Name and Title: Joseph L. Webster, Sr., MD, MBA, FACP (President)

Address: 8274 Via Vivaldi Orlando, Florida 32836

Name and Title: Dr. Martha Lue Stewart (VicePresident)

Address: 5657 Tower Palms Lane Lakeland, Florida 33811

Name and Title: Shakelia Henderson (Recorder)

Address: 1701 Candlenut Circle Apopka, Florida 32712

Name and Title: Danica Moise (Assistant Recorder)

Address: 12704 Waterfor Willow Lane #301, Orlando FL 32828

Name and Title: Dr. Suzanne Martin (Policy Committee Lead)

Address: 4838 Sudbury Drive Orlando, Florida 32826

Name and Title: Dr. Roneisha Randall (Public Relations/Media)

Address: 988 St. George Street Orlando, Florida 32805

2024 APR -2 AM 8:44  
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: URS AGENTS, LLC

Address: 3458 LAKESHORE DRIVE

TALLAHASSEE, FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joseph L. Webster, Sr., MD, MBA, FACP

Address: 8274 Via Vivaldi Orlando, Florida 32836

\_\_\_\_\_

**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*

Madison Baker Madison Baker, Asst. Secretary  
Required Signature of Registered Agent

3/27/2024  
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.*

[Signature]  
Required Signature of Incorporator

3/27/2024  
Date

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2024 APR -2 AM 9:16  
TALLAHASSEE, FL  
DEPARTMENT OF STATE