

TRANSMITTAL LETTER

N99000006720

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

SUBJECT: Christian Unity International Association, Inc
(Proposed corporate name - must include suffix)

800003044338--8
-11/15/99--01107--012
*****87.50 *****87.50

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Barbara A. Fleeton Grant
Name (Printed or typed)

1948 Savage Rd
Address

Charleston, South Carolina 29407
City, State & Zip

(843) 744-7003 or fax (843) 723-6928
Daytime Telephone number

RECEIVED
99 NOV 15 PM 2:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 NOV 15 PM 2:25
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

T. SMITH

**Articles of Incorporation
of
Christian Unity International Association, Inc.**

**I.
Name**

The name of the Corporation is Christian Unity International Association, Inc., hereinafter referred to as the "Corporation."

**II.
Purposes**

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

**III.
Principal Office and Registered Agent**

The principal office of the Corporation is 1948 Savage Rd, Charleston, South Carolina 29407. The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is Barbara A. *Grant 1711 E Bay St Kiss, Florida 34744.*

**IV.
Duration**

The duration of the Corporation shall be perpetual.

**V.
Initial Business**

The initial business of the Corporation shall be:

The broad purpose of the conference is to reunite, reconcile, and rejuvenate the relationship Between Africans American Leadership. that remain on the motherland and their brother and Sister in the Black Diaspora, scattered around the world. From this, we can work together and Pool our resources to further our vital, interconnected social, economic and political interest Toward this end the conference will focus on increasing Black trade investment in Africans American and contributing technical know how, increasing social and political ties between Africans American Church's, and so on.

39 NOV 15 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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VI.
Capital Stock

~~The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is _____, each share to have a par value of \$ _____.~~

VII.
Incorporators

The names and mailing addresses of the incorporators are:

Incorporator Name

Incorporator Address

Apostle Barbara A Grant 1948 Savage Rd.
Charleston, SC 29407

VIII.
Directors

The number of directors constituting the initial Board of Directors of the Corporation is: _____
The name(s) and address(es) of the person(s) who is/are appointed to act as the initial director(s) of the Corporation is/are:

Directors are elected by a majority vote.

Director Name

Director Address

Rev Dr Elijah Grant, Sr (President) 1948 Savage Rd
Charleston, SC 29407
Bishop Willie Bragg (Vice President) 3928 Well St
Orlando, Fla. 32811
Minniz Bragg (Treasure) 3928 Well St
Orlando, Fla. 32811

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Christian Unity International Ass. Inc.
2018 Atlas St

2. The name and address of the registered agent and office is:

Barbara Ann Grant
(NAME)

1711 E Bay St.
(P.O. Box or Mail Drop/Box **NOT** ACCEPTABLE)

Kissimmee, FL 34744
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Barbara A Grant
(SIGNATURE)

11/15/99
(DATE)