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Special Instructions to Filing Officer: 1

James McGuffee

AUTHORIZATION BY PHONE TO

CORRECT *Confirmed to*

DATE *be filed as a*

900 EX *Profit*

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01/31/12--01006--003 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 31 AM 11:51

PS 2/1/12

COVER LETTER

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

SUBJECT: The Black Achievers Group, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: James A. McGriff

Name (Printed or typed)

580 Sky Top Drive

Address

Ocoee, Florida 34761

City, State & Zip

321.689.7718

Daytime Telephone number

jamesamcgriff@yahoo.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: The Black Achievers Group, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
580 Sky Top Drive
Ocoee, Florida 34761

12 JAN 31 AM 11:51
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Black Achievers Group is being organized to recognize and reward the achievements of African American residence of Lake County and surrounding areas. The BAG will also provide assistance in the form of small scholarships and support to area children heading off to college.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James A. McGriff
Address: 580 Sky Top Drive
Ocoee, Florida 34761

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: James A. McGriff
Address: 580 Sky Top Drive
Ocoee, Florida 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James A. McGriff
Address: 580 Sky Top Drive
Ocoee, Florida 34761

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/Registered Agent

1/27/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

1/27/12
Date