

P13000076984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

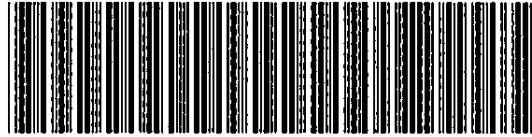
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
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TO ACKNOWLEDGE  
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APPROVED  
AND  
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13 SEP 18 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
9/18/13

## COVER LETTER

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

SUBJECT: Minority Outreach Solutions, 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: Tazh Hall  
Name (Printed or typed)

4434 Gearhart Rd #5103  
Address

Tallahassee FL 32303  
City, State & Zip

(850)  
Daytime Telephone number

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

**ARTICLE I NAME**

The name of the corporation shall be: Minority Outreach Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4434 Gearhart Rd  
Tallahassee FL 32314

Mailing address, if different is:

PO Box 7657  
Tallahassee FL 32314

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to assist candidates, campaigns  
nonprofit organizations, and businesses in the marketing  
of their services, procurement of contracts, and growth  
of their market share. This corporation is also formed  
to conduct and transact all lawful business activities  
allowed under the laws of The State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title:	<u>Djawa Hall CFO</u>	Name and Title:	
Address	<u>4434 Gearhart Rd #5103</u>	Address:	
	<u>Tallahassee FL 32303</u>		

Name and Title:	<u>Riley Smith Secretary</u>	Name and Title:	
Address	<u>1951 N Meridian Rd Apt #17</u>	Address:	
	<u>Tallahassee FL 32303</u>		

Name and Title:	<u>Tazh Hall President</u>	Name and Title:	
Address	<u>4434 Gearhart Rd #5103</u>	Address:	
	<u>Tallahassee FL 32303</u>		

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

APPROVED  
AND (cont.)  
FILED

13 SEP 18 PM 4:47

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

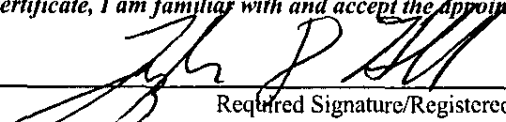
Name: Tazh Hall  
Address: 4434 Gearhart Rd #5103  
Tallahassee FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

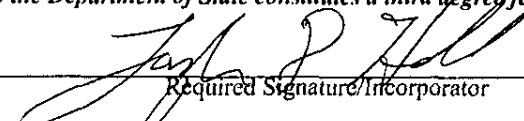
Name: Tazh Hall  
Address: 4434 Gearhart Rd #5103  
Tallahassee FL 32303

*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

9/13/13  
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

9/13/13  
Date