

P/4000042829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

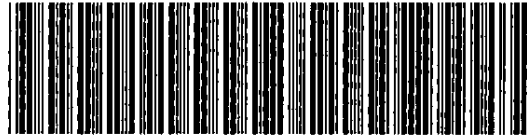
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 MAY 12 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

h 05/14/14



May 8, 2014

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find an original and a copy of the Articles of Incorporation.

Please file the Articles and return a certified copy to the following address:

WILLIAM C. YOUNG
Tools for Change
Black Economic Development Coalition, Inc.
180 NW 62nd STREET,
MIAMI, FL 33150

Please feel free to contact me with any further questions.

Sincerely,

WILLIAM C. YOUNG
Tools For Change

COVER LETTER

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

SUBJECT: Tools For Magic, 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: Nicole S. Dandridge

Name (Printed or typed)

180 NW 62nd Street

Address

Miami, FL 33055

City, State & Zip

305.756.0605

Daytime Telephone number

william@tfciami.org

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: Tools For Magic, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
180 NW 62ND STREET
Miami, FL - 33150

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful purposes.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Verbert C. Anderson, President
Address: 180 NW 62ND STREET
Miami, FL 33150

Name and Title: Gregory Cannon, Secretary
Address: 180 NW 62ND STREET
Miami, FL 33150

Name and Title: Teresa Leflore, Treasurer
Address: 180 NW 62ND STREET
Miami, FL 33150

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

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: William Young
Address: 180 NW 62ND STREET
Miami, FL 33150

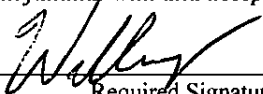
ARTICLE VII INCORPORATOR

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

Name: William Young
Address: 180 NW 62ND STREET
Miami, FL 33150

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TALLAHASSEE, FLORIDA

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

5-8-14
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

5-8-14
Date