

PI6000078338

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(Business Entity Name)

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SEP 26 2015

T. SCOTT



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16 SEP 23 AM 11:20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2016

DANIELLE ROBINSON  
7508 HIBISCUS RD  
FORT PIERCE, FL 34950

SUBJECT: AFRICAN AMERICAN BUSINESS ASSOCIATION OF THE  
TREASURE COAST, INC  
Ref. Number: W16000057022

We have received your document for AFRICAN AMERICAN BUSINESS ASSOCIATION OF THE TREASURE COAST, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 716A00017379

REC-1  
P 23 PM 0:55  
DIV OF CORP  
TALLAHASSEE

## COVER LETTER

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

SUBJECT: African American Business Association of the  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Treasure  
COAST INC.

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: Danielle Robinson  
Name (Printed or typed)

~~7508 Hibiscus Rd.~~ 7508 Hibiscus Rd.  
Address

Fort Pierce FL 34950  
City, State & Zip

772-643-7155  
Daytime Telephone number

robinsondd2@mail.hsc.edu  
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 African American Business Association of the Treasure Coast, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1529 Avenue D  
Fort Pierce FL 34950-0552 Fort Pierce, FL 34954

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business activity authorized 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: Danielle Robinson, Pres. Name and Title: \_\_\_\_\_

Address 7508 Hibiscus Rd Address: \_\_\_\_\_  
Fort Pierce, FL 34951

Name and Title: L. A. Hardy, Vice Pres. Name and Title: \_\_\_\_\_

Address 1937 S.W. Villanova Rd. Address: \_\_\_\_\_  
Port St. Lucie, FL 34953

Name and Title: Malinda Porter Name and Title: \_\_\_\_\_

Address (Treasure Coast) Address: \_\_\_\_\_  
601 N 27th St.  
Fort Pierce, FL 34947

16 SEP 28 AM 11:20

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:

~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ Danielle Robinson

Address:

~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ 7508 Hibiscus Rd.  
Ft. Pierce, FL ~~XXXXXXXXXX~~ 34951

**ARTICLE VII INCORPORATOR**

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

Name:

Danielle Robinson

Address:

7508 Hibiscus Rd.  
Ft. Pierce, FL 34951

**ARTICLE VIII EFFECTIVE DATE:** N/A

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 business days prior or 90 business 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*

Danielle Robinson

Required Signature/Registered Agent

7/21/16

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.*

Danielle Robinson

Required Signature/Incorporator

7/21/16

Date