

P25000003018

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(Business Entity Name)

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INTELLIGENCE DIVISION

COVER LETTER

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

SUBJECT: Tampa Bay Black Business Incorporated
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: -

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy

☒ \$87.50 Filing Fee
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Kella McCaskill
Name (Printed or typed)

615 Channelside Drive Suite 207

Address

Tampa, Florida 33602

City, State & Zip

813,438.0020

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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7-17-64

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: Tampa Black Business Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

615 Channelside Drive Suite 207 Tampa Florida 33602

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All legal business activities

ARTICLE IV SHARES

The number of shares of stock is: 25

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kella McCaskill, CEO

Address 615 Channelside Drive Suite 207

Tampa Florida 33602

Name and Title: Stephanie Desue, Secretary

Address: 615 Channelside Drive Suite 201

Tampa Florida 33602

Name and Title: Andrea Graham, COO

Address 615 Channelside Drive Suite 207

Tampa, Florida 33602

Name and Title: Alison A. Hewitt, Treasurer

Address: 615 Channelside Drive Suite 207

Tampa, Florida 33602

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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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: Alison A. Hewitt _____
Address: 4904 N 32nd Street Tampa Florida 33610 _____

ARTICLE VII INCORPORATOR

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

Name: Alison A Hewitt _____
Address: 615 Channelside Drive Suite 207 _____
Tampa Florida 33602 _____

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STATE OF FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-11-2025 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Alison A. Hewitt _____ 1-14-2025 _____
Required Signature/Registered Agent 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.

Alison A. Hewitt _____ 1-14-2025 _____
Required Signature/Incorporator Date