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**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: -

\$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**

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**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.**

**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**

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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

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:

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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TAMPA, 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