

N/1700000/261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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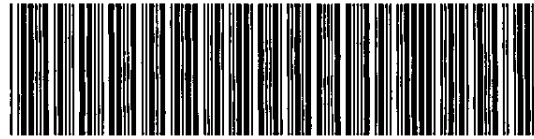
(Business Entity Name)

(Document Number)

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17 FEB -6 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W16-086849

02/07/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2016

ERIC GRIFFIN  
150 N.E. 69TH ST., #311  
MIAMI, FL 33138

SUBJECT: LEMON CITY RESIDENT COUNCIL, INC.  
Ref. Number: W16000086849

We have received your document for LEMON CITY RESIDENT COUNCIL, INC. and your check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is N15000011502.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 816A00027732

## COVER LETTER

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

**SUBJECT:** Lemon City Resident Association, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM:** Eric Griffin - President

\_\_\_\_\_  
Name (Printed or typed)

150 NE 69 St. #311

\_\_\_\_\_  
Address

Miami, Florida 33138

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
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 617, F.S., (Not for Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**  
The name of the corporation shall be: Lemon City Resident Association, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
150 NE 69 St., # 311  
Miami, Florida 33138

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To advocate for the social, educational, and economic opportunities of resident of Lemon City.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Elections by vote.

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

Name and Title:	<u>Eric Griffin, President</u>	Name and Title:	<u>Samuel Smith, Treasurer</u>
Address	<u>150 NE 69 Street. # 311</u>	Address:	<u>150 NE 69 St. #414</u>
	<u>Miami, Florida 33138</u>		<u>Miami, Florida</u>

Name and Title:	<u>Rose Deantignac, Recording Secretary</u>	Name and Title:	<u>Cynthia Jackson, Corresponding Secret</u>
Address	<u>150 NE 69 Street, 415</u>	Address:	<u>150 NE 69 Street. #408</u>
	<u>Miami, Florida 33138</u>		<u>Miami, Florida 33138</u>

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ 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: Eric Griffin  
Address: 150 NE 69 St Apt 311  
Miami, FL 33138

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Eric Griffin  
Address: 150 NE 69 St Apt 311  
Miami, FL 33138

**ARTICLE VIII EFFECTIVE DATE:**

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 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*

Eric Griffin  
Required Signature of Registered Agent

11-21-16  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

Eric Griffin  
Required Signature of Incorporator

11-21-16  
Date