

# ND20000003559

## TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAY 10 PM 1:20

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

SUBJECT: The Sircle Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000005348540--5  
-04/25/02--01055--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: Larmonica Samuel  
Name (Printed or typed)

6312 SE 41<sup>ST</sup> CT.  
Address

Ocala, Florida 34480  
City, State & Zip

(352) 629-8389  
Daytime Telephone number

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

Larmonica Samuel GAVE

AUTHORIZATION BY PHONE TO  
CORRECT Articles heading

DATE 5-13-02

DOC. EXAM. fore

fore  
5-13-02  
W-12328  
(5)



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 1, 2002

LARMONICA SAMUEL  
6312 SE 41ST CT  
OCALA, FL 34480

SUBJECT: THE SIRCLE INC.  
Ref. Number: W02000012328

We have received your document for THE SIRCLE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

YOUR HEADING AND ARTICLE I MUST MATCH. PLEASE CORRECT YOUR FORM. A SAMPLE SET OF ARTICLES ARE ENCLOSED.

Please return the 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) 245-6915.

Janice Love-Washington  
Document Specialist  
New Filing Section

Letter Number: 602A00026575

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAY 10 PM 1:21

**ARTICLES OF INCORPORATION  
OF**

**THE SIRCLE INC.**

**A NON-PROFIT CORPORATION**

**ARTICLE I**

**NAME**

1. THE NAME OF THIS CORPORATION SHALL BE: THE SIRCLE INC.

**ARTICLE II**

**PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS FOR THIS CORPORATION SHALL BE : IN THE STATE OF FLORIDA, THE COUNTY OF MARION AND THE CITY OF OCALA. THE MAILING ADDRESS FOR THE CORPORATION IS:

6312 SE 41<sup>ST</sup> COURT  
OCALA, FLORIDA 34480

**ARTICLE III**

**PURPOSE**

1. WE, THE UNDERSIGNED, DESIRING TO FORM A NON-PROFIT CORPORATION TO AID IN COMMUNITY DEVELOPMENT AND AWARENESS DO HEREBY CONSTITUTE OURSELVES A VOLUNTARY NON-PROFIT CORPORATION UNDER THE NAME OF THE SIRCLE, INC. OF OCALA, FLORIDA.
2. OUR PRINCIPAL PURPOSE IS TO UNIFY MINORITIES OF MARION COUNTY TO INCREASE CULTURAL AWARENESS, COMMUNITY INVOLVEMENT, POLITICAL AWARENESS, VOTER PARTICIPATION AND ECONOMIC EMPOWERMENT.

## **ARTICLE IV**

### **MANNER OF ELECTION**

THE MANNER IN WHICH THE DIRECTORS ARE ELECTED OR APPOINTED:

1. APPLICATION FOR MEMBERSHIP SHALL BE BY LETTER OF INTENT SUBMITTED TO ANY EXISTING MEMBER.
2. RECOMMENDATIONS FOR MEMBERSHIP SHALL BE MADE BY A EXISTING MEMBER AND APPROVED BY THE MAJORITY OF THE MEMBERSHIP.
3. UPON ACCEPTANCE, APPLICANTS SHALL SIGN A STATEMENT AGREEING TO ABIDE BY THE ARTICLES OF INCORPORATION AND BYLAWS AS PRESENTLY OR HEREAFTER DULY ADOPTED.

## **ARTICLE V**

### **INITIAL DIRECTORS/OFFICERS**

NAME AND ADDRESSES:

President – Larmonica Samuel 6312 SE 41<sup>st</sup> CT. Ocala, FL 34480  
Vice President – Luzonia Waters 1367 NW 52<sup>nd</sup> CT. Rd. Reddick, FL 32686  
Secretary – Kisha Dunn 3895 SE 61<sup>st</sup> PL. Ocala, FL 34480  
Treasurer – Virginia Grant P.O. Box 2422 Ocala, FL 34478

## **ARTICLE VI**

### **INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS THE REGISTERED AGENT:

REGISTERED AGENT

ADDRESS

Larmonica Samuel

6312 SE 41<sup>st</sup> CT.  
Ocala, FL 34480

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TALLAHASSEE, FLORIDA

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**ARTICLE VII**  
**INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Larmonica Samuel

6312 SE 41<sup>st</sup> CT.  
Ocala, FL 34480

.....  
*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 appointment as registered agent and agree to act in this capacity.*

Larmonica Samuel  
Signature/Registered Agent

5/7/02  
Date

Larmonica Samuel  
Signature/Incorporator

5/7/02  
Date