

NO2 0000008516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

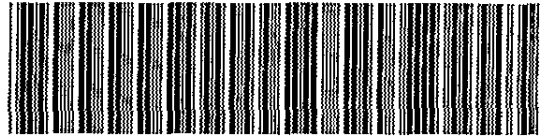
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

EFFECTIVE DATE  
11-15-02

## TRANSMITTAL LETTER

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

**SUBJECT:** CARIBBEAN COMMUNITY CENTER, 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:** CARIBBEAN COMMUNITY CENTER, INC.  
Name (Printed or typed)

4318 W.BROWARD BLVD STE-5  
Address

PLANTATION, FLORIDA 33317  
City, State & Zip

954-792-3341  
Daytime Telephone number

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

**TO: THE DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314**

**I/We would like to request a date to start our Non- profit Organization Corporation  
11-15-2002.**

**Thanks in advance,**

**Jean Robert Milford,  
President**

**P.S.**

**I/We made an attempt by internet service, but decided to apply by mail.**

**ARTICLES OF INCORPORATION**

In Compliance with Chapter 617, F.S., (Not for Profit)

EFFECTIVE DATE  
11-15-02

**ARTICLE I NAME**

The name of the corporation shall be:

CARIBBEAN COMMUNITY CENTER, INC.

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

209 N.W. 45TH AVE PLANTATION, FLORIDA 33317

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO SERVE THE COMMUNITY IN SELF-SUFFICIENT PROGRAMS SUCH AS;  
COMPUTER TECHNOLOGY, ASSIST WITH LEGAL DOCUMENTS, SIMPLE TAX  
SERVICES, ENCOURAGING COMMUNITY VOTING, HEALTH AWARENESS.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

APPOINTED BY PRESIDENT

**ARTICLE V INITIAL DIRECTORS/OFFICERS**

The name(s), address(es) and title(s):

JEAN ROBERT MILFORT, PRESIDENT 209 N.W.45TH AV PL,FL 33317  
OLONDIEU BORNEUS, VICE PRES, P.O. BOX 1654 FTLD,FL 33302  
MANEL VERNERETTE, SECT'Y 6290 N.W. 12TH CT. SUNRISE,FL 33312

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

MONICA CAMPBELL, LEGAL DOC 4318 W.BROWARD BLVD STE-5  
PLANTATION, FLORIDA

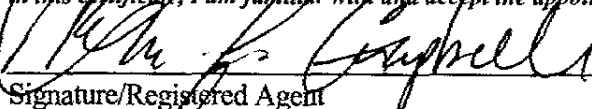
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JEAN ROBERT MILFORT 209 N.W. 45TH AVE PLANTATION,FLORIDA 33317

\*\*\*\*\*

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.

  
\_\_\_\_\_  
Signature/Registered Agent

10-23-2002  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10-23-2002  
\_\_\_\_\_  
Date