

No4000007126

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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04 JUL 20 11:10:41

8/7/21

TRANSMITTAL LETTER

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

SUBJECT: CONSULME CORPS of BROWARD COUNTY, 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: SHARON A. REID
Name (Printed or typed)

P.O. Box 16494
Address

PLANTATION, FL 33318-6494
City, State & Zip

(954) 309-3889
Daytime Telephone number

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

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

ARTICLE I NAME

The name of the corporation shall be:

CONSULAR CORPS of BROWARD COUNTY, INC

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 16494
PLANTATION FL 33318-6494

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DEVELOP AND PROVIDE ADMINISTRATIVE
SERVICES FOR MEMBERSHIP AS RELATED
TO ECONOMIC & INTERNATIONAL BUSINESS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

APPOINTED

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

SHARON A. REID, PRESIDENT
11 SEVILLE CIRCLE
PLANTATION FL 33324

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SHARON A REID
11 SEVILLE CIRCLE
DAVIE, FL 33324

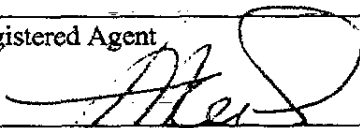
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHARON A. REID
11 SEVILLE CIRCLE
DAVIE, FL 33324

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



Signature/Incorporator

Date

7/16/04

Date

FILED
04 JUL 20 AM 10:41
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA