

**N05000004562**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

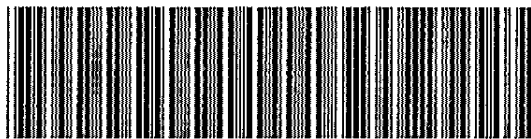
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**100050665671**

04/18/05--01028--001 \*\*78.75

**FILED**

05 MAY -3 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*105-703120*  
T. Hampton MAY 04 2005

## TRANSMITTAL LETTER

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

SUBJECT: NORTH DADE FORECLOSURE INVESTORS NETWORK  
(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: ALPHONCIA LAFRANCE  
Name (Printed or typed)

822 NE 125 ST., # 109  
Address

NORTH MIAMI, FL 33161  
City, State & Zip

305-345-2737  
Day time Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 22, 2005

ALPHONCIA LAFRANCE  
822 NE 125 ST  
# 109  
N MIAMI, FL 33161

SUBJECT: NORTH DADE FORECLOSURE INVESTORS NETWORK  
Ref. Number: W05000020360

05 MAY -3 PM 4:00

RECEIVED

We have received your document for NORTH DADE FORECLOSURE INVESTORS NETWORK and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

PLEASE BE MORE SPECIFIC IN YOUR PURPOSE. IS THIS A SOCIAL CLUB. IF THIS IS PLEASE STATE IT IN YOUR PURPOSE.

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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filings Section

Letter Number: 205A00027781

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be: **NORTH DADE FORECLOSURE INVESTORS NETWORK, INC.**

## ARTICLE II PRINCIPAL OFFICE

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

**822 NE 125 ST., #109  
NORTH MIAMI, FL 33161**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **NETWORKING OF  
REAL ESTATE INVESTORS. A SOCIAL CLUB.**

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

**APPOINTED BY CLUB FOUNDER ALPHONCIA LAFRANCE**

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

**ALPHONCIA LAFRANCE, PRESIDENT - 822 NE 125 ST., #109 N. MIAMI, FL 33161  
KETLIE MOMPREMIER, TREASURER - 822 NE 125 ST., #109 N. MIAMI, FL 33161  
DOROTHY BRADELY, DIRECTOR - 822 NE 125 ST., #109 N. MIAMI, FL 33161  
NORICE MATHEW, DIRECTOR - 822 NE 125 ST., #109 N. MIAMI, FL 33161  
ALEXANDRA BURNS, DIRECTOR - 822 NE 125 ST., #109 N. MIAMI, FL 33161  
ROBERT BURNS, DIRECTOR - 822 NE 125 ST., #109 N. MIAMI, FL 33161**

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**ALPHONCIA LAFRANCE  
822 NE 125 ST., #109  
NORTH MIAMI FL 33161**

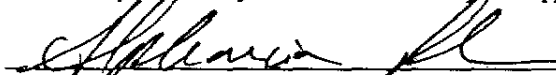
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

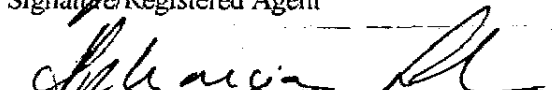
**ALPHONCIA LAFRANCE  
822 NE 125 ST., #109  
NORTH MIAMI, FL 33161**

\*\*\*\*\*

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

**4/13/05**  
Date

  
Signature/Incorporator

**4/13/05**  
Date

05 MAY -3 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED