

N11000002262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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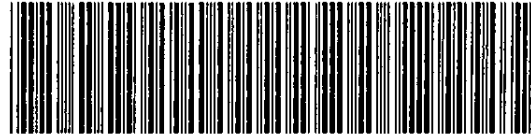
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: INGLEWOOD HOMECOMING ASSOCIATION MIAMI, 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: EDDIE SMITH
Name (Printed or typed)

1450 NW 197TH STREET
Address

MIAMI GARDENS FL 33169
City, State & Zip

786-285-3699
Daytime Telephone number

INGLEWOODMIAMI@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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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:

INGLEWOOD HOMECOMING ASSOCIATION MIAMI, INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

1450 NW 197th Street
MIAMI GARDENS FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PLAN EVENTS, FAMILY REUNIONS, FAMILY BUSINESS, GRANT SCHOLARSHIPS,
CONDUCT FUNDRAISERS, AND TO RECEIVE DONATIONS

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

By popular vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eddie Smith/ President
Address: 1450 NW 197th Street
Miami Gardens, FL 33169

Name and Title: Tewanna Reddick/ Vice President
Address: PO Box 693309
Miami Gardens, FL 33269

Name and Title: Mia Smith/ Secretary
Address: 1450 NW 197th Street
Miami Gardens, FL 33169

Name and Title: Mario Smith/ Treasurer
Address: 1450 NW 197th Street
Miami Gardens, FL 33169

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Eddie Smith/President
Address: 1450 NW 197th Street
Miami Gardens, FL 33169

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Mario Smith
Address: 1450 NW 197th Street
Miami Gardens, FL 33169

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

Eddie S. Smith
Required Signature of Registered Agent

2/27/11
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.

[Signature]
Required Signature of Incorporator

2/27/11
Date

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