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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
4-20-11

COVER LETTER

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

SUBJECT: Little River Plaza Resident Council Association 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: Pamela Burnett
Name (Printed or typed)

8255 NW Miami Ct apt# 417
Address

Miami, FL 33150
City, State & Zip

Daytime Telephone number

pcburnett1161@bellsouth.net ✓
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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:

Little River Plaza Resident Council Association Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8255 NW Miami Ct

Miami, FL 33150

apt# 417

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the Resident Council Association (herein referred to as the Council) is to improve the quality of life and resident satisfaction and participate in self-help initiatives to enable residents to create a positive living environment for families in public housing. Resident councils may actively participate through a working partnership with the HA (Housing Agency) to advise and assist in all aspects of public housing operations.

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

The Directors are elected and appointed by the President at a board meeting and voted upon with majority rule.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Hilliard, President

Address: 8255 NW Miami Ct. apt# 206

Miami, FL 33150

Name and Title: Aldora Beard, Treasurer

Address: 8255 NW Miami Ct. apt# 504

Miami, FL 33150

Name and Title: Lavern McDonald, Correspondence Secretary

Address: 8300 N. Miami Ave apt# 214

Miami, FL 33150

Name and Title: Pamela Burnett, Recording Secretary

Address: 8255 NW Miami Ct. apt# 417

Miami, FL 33150

Name and Title: Vivian D. Wilkerson, Vice President

Address: 8300 NW Miami Ave apt# 218

Miami, FL 33150

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Pamela Burnett

Address: 8255 NW Miami Ct

Miami, FL 33150

apt# 417

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

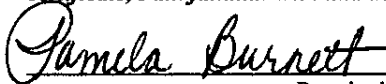
Name: James Hilliard

Address: 8255 NW Miami Ct

Miami, FL 33150

apt# 206

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

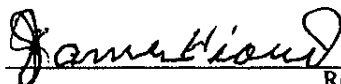


Required Signature of Registered Agent

April 14, 2011

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.



Required Signature of Incorporator

April 14, 2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA