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COVER LETTER

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

Miami Jackson Generals Alumni Association Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

zilciožed is ali origina	osed is all 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	

FROM: Barbara Greene-Sands
Name (Printed or typed)

18121 NW 6th Ave
Address

Miami,FL 33169
City, State & Zip

786-419-5805
18121 NW Synimee Telephone number

barbaras34@comcast.net

E-mail address: (to be used for future annual report notification)

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 II	PRINCIPAL OFFICE				
	Principal street address		Mailing address, if different is:		
	18121 NW 6th Ave	-			
	Miami FL 33169	_		····	
		-			
RTICLE III	PURPOSE				
	which the corporation is organized is:		1.6		
	-To aid and foster relations between the				
	and the alumni. Our mission to help s				
School throu	gh fundraising for scholarships, educa	tional, arts a	nd athletic progra	ams.	
RTICLE IV	MANNER OF ELECTION The manner in v	which the director	rc are elected and annot	med:	
		winen me difecto	is are elected and appoint	mou.	
Elected ever	y 3 years.				
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR				
	itle: Carol Whitehead-Sutton, President		e:Louis Fish- Direct		
Address:	60 NE 214 St	Address:	2340 Lake Miram		
	Miami FL 33179	-	Miramar FL 3302	()	
Na	itle:Barbara Greene-Sands, Vice-President	Names and Tisl	Sharan Forbac F	Viractor	
Address:	18121 NW 6 Ave		4331 NW 198 Te		
Address.	Miami, FL 33169	Augress.	Miami, FL 33055		
	IMMATHI, 1 E 33103		[Majis, 1] <u>0</u> 00000		
Name and Ti	itle: Anita Cullen-Smith	Name and Title	e: Deborah Reddic	k-Director	
Address:	1781 NW 51 Street	•	9509 NW 2nd Av		
7 1001 035.	Miami, FL 33142	1100100	Miami FL 33150		
RTICLE VI	REGISTERED AGENT			<u> </u>	
	rida street address (P.O. Box NOT acceptable) of t	the registered age	ent is:		
Name:	Sharon Forbes	5 -			
Address:	4331 NW 198 Terr			The second second	
	Miami FL 33055			\$8E	
RTICLE VII	INCORPORATOR				
	ress of the Incorporator is:				
Name:	Barbara Greene Sands			Dia O	
Address:	18121 NW 6 Ave				
	Miami FL 33169				
ving been name	ed as registered agent to accept service of process	s for the above	stated corporation at	the place designated in	
tificate, I am fan	niliar with and accept the appointment as registered	d agent and agre	e to act in this capacity	,	
	acon Jerles		Augus	÷ 17 2011	
	Required Signature of Registered Agent		Augus	t 17, 2011 Date	
	Dearwood Standards of Deargtoned Account			LISTA	

August 17, 2011 Date

arbara,

Required Signature of Incorporator