

N 12000000 1412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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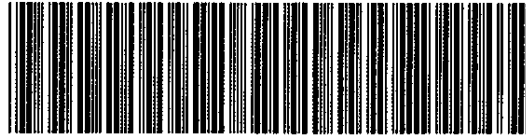
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB -6 PM 1:20

2/7/12

COVER LETTER

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

SUBJECT: 192 Community Redevelopment 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: Gene Terrico
Name (Printed or typed)

111 East Monument Ave. #327
Address

Kissimmee, FL 34741
City, State & Zip

407 908 0009
Daytime Telephone number

gene4877@yahoo.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: **192 Community Redevelopment Association, Inc.**

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DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address
111 East Monument Ave #327
Kissimmee, FL 34741

Mailing address, if different is: **12 FEB - 6 PM 1: 20**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Assist in coordinating the collaborative efforts that may include P3 projects in order to add and revitalize business activity, grow jobs and enhance property values in areas along Florida's Irlu Bronson Memorial Highway a/k/a "192" in Osceola County, Florida.

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

(Elected)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Gene Terrico - P/S/T/D</u>	Name and Title: _____
Address: <u>4877 Lake Cecile Dr.</u>	Address: _____
<u>Kissimmee, FL 34746</u>	_____

Name and Title: <u>Linda Abbott - D</u>	Name and Title: _____
Address: <u>921 Begonia #201</u>	Address: _____
<u>Celebration, FL 34747</u>	_____

Name and Title: <u>Mike Colangelo - D</u>	Name and Title: _____
Address: <u>4210 Pecan Lane</u>	Address: _____
<u>Orlando, FL 32812</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: Gene Terrico
Address: 111 East Monument Ave. #327
Kissimmee, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gene Terrico
Address: 111 East Monument Ave. #327
Kissimmee, FL 34741

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

1/30/2012

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

1/30/2012

Date