

N 12000000 1412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

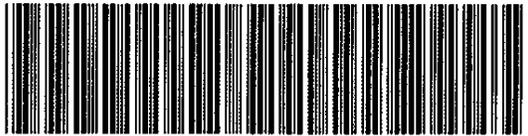
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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J 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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12 FEB - 6 PM 1:20

**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: 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: Gene Terrico - P/S/T/D  
Address: 4877 Lake Cecile Dr.  
Kissimmee, FL 34746

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Linda Abbott - D  
Address: 921 Begonia #201  
Celebration, FL 34747

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Mike Colangelo - D  
Address: 4210 Pecan Lane  
Orlando, FL 32812

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: 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