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(Reque	estor's Name)		•
(Addre	SS)		
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(City/S	tate/Zip/Phone #	f)	•
PICK-UP	WAIT	MAIL	
(Busin	ess Entity Name)	•
(Docur	ment Number)		•
Certified Copies	Certificates o	f Status	
Special Instructions to Fili			
CORRECTED	SPELLI	NG OF	
INCORPORATOR	es LAST	NAME,	
PER TELEPHO	ON CON	IENSATI.	W)
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SECRETARY OF STATE
TALLAHASSEE. FLORID

Office Use Only

W12-495

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RECEIVED 12 FEB 10 AM 10: 4!

HARRINATE CARREST LARGE

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2012

LYNDON JOHNSON 323 GREENBRIAR DRIVE LAKE PARK, FL 33403

SUBJECT: JAMAICA INTERNATIONAL CITIZENS ASSOCIATION, INC.

Ref. Number: W12000004195

We have received your document for JAMAICA INTERNATIONAL CITIZENS ASSOCIATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 812A00001592

COVER LETTER

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

Jamaica International Citizens 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 : \$87.50 \$70.00 \$78.75 \$78.75 Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED

FROM: Lyndon Johnson
Name (Printed or typed)

323 Greenbriar Drive
Address

Lake Park, Florida 33403
City, State & Zip

561-315- 1564

323 Greenbrians Relephone number

lyndonjohnson1@live.com

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)

	RINCIPAL OFFICE		
	Principal street address	_	Mailing address, if different is:
	323 Greenbriar Drive		
	Lake Park Elorida 33403		
	Emino diato		
RTICLE III	PURPOSE		
he purpose for which	ch the corporation is organized is:		
community service emergency and neconomy and qua	an international association of Jama es. To raise funds to provide assista atural disaster and to engage the Jaulity of life of the citizens. **MANNER OF ELECTION** The manifestation of the citizens of the manifestation of the citizens.	ance to charitable organization amaican government in effec	ons especially in times of cting change that improves the
			otea and appointed.
	oular vote at the Annual Genera		
Ngina and Title	INITIAL OFFICERS AND/OR DIRE	Name and Title	
Address:		Address:	
. 1441 000,			
			
Name and Title	:	Name and Title:	
Address:		Address:	
Name and Title	o:	Name and Title	
Address:			
ARTICLE VI	REGISTERED AGENT		
	la street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Lyndon Johnson	- · · · · · · · · · · · · · · · · · · ·	·
Address:	323 Greenbriar Drive		ASE 12
	Lake Park		Do m
	Florida 33403		
	INCORPORATOR		SS≅ To T
ARTICLE VII			
	Erika Johnson		41
The <u>name and addre</u>	Erika Johnson 323 Greenbriar Drive		ن بالا الالا
The <u>name and addre</u> Name:	Erika Johnson	····	41
The <u>name and addr</u>	S of the filed point of is.		
The <u>name and addre</u> Name: Address:	Erika Johnson 323 Greenbriar Drive Lake Park , Florida 33403	process for the above stated co	STATE STATE STATE
The <u>name and addressed name:</u> Address: Having been named	Erika Johnson 323 Greenbriar Drive Lake Park, Florida 33403 as registered agent to accept service of		STATE STATE or portion at the place designated in
The <u>name and addressed</u> Name: Address: Having been named	Erika Johnson 323 Greenbriar Drive Lake Park, Florida 33403 as registered agent to accept service of light and accept the appointment as re-		STATE STATE or portion at the place designated in
The <u>name and addressed name:</u> Address: Having been named	Erika Johnson 323 Greenbriar Drive Lake Park, Florida 33403 as registered agent to accept service of		STATE STATE or portion at the place designated in
The <u>name and addressed name:</u> Address: Having been named	Erika Johnson 323 Greenbriar Drive Lake Park, Florida 33403 as registered agent to accept service of lidry with and accept the appointment as resistence.	egistered agent and agree to act i	STATE STATE orporation at the place designated in
The name and address: Address: Having been named sertificate, I am fami	Erika Johnson 323 Greenbriar Drive Lake Park, Florida 33403 as registered agent to accept service of light with and accept the appointment as reference of Registered Agent Programment Agent Programment Agent Programment P	egistered agent and agree to act i	orporation at the place designated in this capacity United State Date
he name and address: Address: Address: Iaving been named ertificate, I am family submit this docume	Erika Johnson 323 Greenbriar Drive Lake Park, Florida 33403 as registered agent to accept service of lidry fish and accept the appointment as registered Signature of Registered Agent and affirm that the facts stated herein	egistered agent and agree to act i gent are true. I am aware that any f	orporation at the place designated in this capacity United State Date
he name and address: Address: Address: Having been named sertificate, I am family submit this docume	Erika Johnson 323 Greenbriar Drive Lake Park, Florida 33403 as registered agent to accept service of light with and accept the appointment as reference of Registered Agent Programment Agent Programment Agent Programment P	egistered agent and agree to act i gent are true. I am aware that any f	orporation at the place designated in this capacity 2/5/12 Date
The name and address: Address: Having been named sertificate, I am family submit this documents.	Erika Johnson 323 Greenbriar Drive Lake Park, Florida 33403 as registered agent to accept service of lidry fish and accept the appointment as registered Signature of Registered Agent and affirm that the facts stated herein	egistered agent and agree to act i gent are true. I am aware that any f	orporation at the place designated in this capacity 2/5/12 Date