

NR000006142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

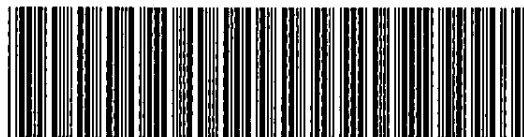
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Consumer Advocacy Program Incorporated
(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: Shondell M. Simpkins
Name (Printed or typed)

27501 South Dixie Highway 300b
Address

Miami, Florida 33032
City, State & Zip

305-942-8004
Daytime Telephone Number

shondellsimpkins@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)

ARTICLE I NAME

The name of the corporation shall be:

Consumer Advocacy Program Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

27501 South Dixie Highway Ste#300b

Miami, Florida 33032

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Consumer Advocacy Program is organized to educate homeowners about their rights and options when recovering from a loss to their home or property.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cynthia Osgood, Dir

Address: 1919 Greenwood St

Savannah, Georgia 31404

Name and Title: _____

Address: _____

Name and Title: Jermaine P. Simpkins, Dir

Address: 1403 Southeast 36th st

Savannah, Georgia 31404

Name and Title: _____

Address: _____

Name and Title: Shondell Simpkins, Dir

Address: 27501 South Dixie Highway Ste#300b

Miami, Florida 33032

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: Shondell M. Simpkins

Address: 27501 South Dixie Highway Ste#300b

Miami, Florida 33032

ARTICLE VII INCORPORATOR

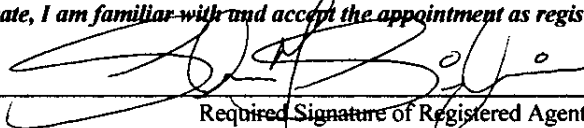
The name and address of the Incorporator is:

Name: Shondell M. Simpkins

Address: 27501 South Dixie Highway Ste#300b

Miami, Florida 33032

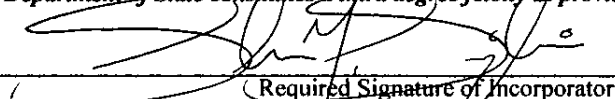
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

06/15/2012

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

06/15/2012

Date

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