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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 17 PM 2:33

PS 9/11/12

**COVER LETTER**

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

**SUBJECT:** SW Community Farmers' Market, 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:** ANNICK D. STERNBERG  
Name (Printed or typed)

6243 SW 57th Street  
Address

MIAMI FLORIDA 33143  
City, State & Zip

305 663 0917  
6243 SW 57th Street Telephone number

annick50@bellsouth.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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

**SW Community Farmers' Market, Inc.**

**12 SEP 17 PM 2:33**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**6243 SW 57 street**

**Miami Florida 33143**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to create and operate a community organized farmers' market in the City of South Miami or in the surrounding area.

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

the directors are appointed on an annual basis, elected by the majority vote of previous board of directors.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Annick Sternberg, president**

Address: **6243 SW 57th street**  
**Miami Florida 33143-2101**

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

Address: \_\_\_\_\_

Name and Title: **Bonnie Pickard, vice-president**

Address: **6255 SW 69th street**  
**Miami Florida 33143-2101**

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

Address: \_\_\_\_\_

Name and Title: **Neil Signorelli, treasurer**

Address: **12200 SW 46 street**  
**Miami Florida 33175-4730**

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: **Annick Sternberg**

Address: **6243 SW 57 street**  
**Miami Florida 33143-2101**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Annick Sternberg**

Address: **6243 SW 57 street**  
**Miami Florida 33143-2101**

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



ANNICK STERNBERG  
Required Signature of Registered Agent

**Sept 13, 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.



ANNICK STERNBERG  
Required Signature of Incorporator

**Sept 13, 2012**  
Date