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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-21-12

COVER LETTER

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

SUBJECT: South Florida Disaster Resiliency Coalition, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: Richard Berman
Name (Printed or typed)

908 Cypress Grove Drive
Address

Pompano Beach, FL 33069
City, State & Zip

954-254-7410
Daytime Telephone number

rberman@restorationcontractorsgroup.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2012

RICHARD BERMAN
908 CYPRESS GROVE DRIVE
POMPANO BEACH, FL 33069

SUBJECT: SOUTH FLORIDA DISASTER RESILIENCY COALITION, INC.
Ref. Number: W12000046610

We have received your document for SOUTH FLORIDA DISASTER RESILIENCY COALITION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 012A00022744

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: South Florida Disaster Resiliency Coalition, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

908 Cypress Grove Drive
Pompano Beach, FL 33069

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

South Florida Disaster Resiliency Coalition, Inc., has been organized to ensure the South Florida private - public sector is prepared for, can efficiently respond to and recover from all natural and man-made disasters through collaboration, coordination and collective application of business, non-profit, and governmental resources and expertise. South Florida Disaster Resiliency Coalition, Inc., shall serve a region that encompasses the Counties of Broward, Miami-Dade, Monroe and Palm Beach.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By election process at a duly called meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas Serio - Chairman
Address: 908 Cypress Grove Drive
Pompano Beach, FL 33069

Name and Title: _____
Address: _____

Name and Title: Richard Berman - Vice Chairman
Address: 908 Cypress Grove Drive
Pompano Beach, FL 33069

Name and Title: _____
Address: _____

Name and Title: Kathleen Kearney - Secretary/Treasurer
Address: 908 Cypress Grove Drive
Pompano Beach, FL 33069

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: Richard Berman
Address: 908 Cypress Grove Drive
Pompano Beach, FL 33069

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richard Berman
Address: 908 Cypress Grove Drive
Pompano Beach, FL 33069

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

9/17/12

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

9/17/12

Date