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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
3/5/13

COVER LETTER

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

SUBJECT: James T. Anderson Siblings and Friends of Murder Victims 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: Nikol L. Anderson
Name (Printed or typed)

19020 NW 21st ave
Address

Miami, FL 33056
City, State & Zip

(305) 915-7722
Daytime Telephone number

msnikol7352@yahoo.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: James T. Anderson Siblings and Friends of Murder Victims Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

11700 NW 27th Ave

Miami, Fl. 33147

Mailing address, if different is:

19020 NW 21st Ave

Miami, Fl. 33056

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide support to the community residents that have lost a loved one due to murder. This corporation seeks a tax exempt 501c3 status in order to provide support in various means to include but not limited to care packages and support/bereavement groups. This corporation is organized to fund the James T. Anderson scholarship. No proceeds generated through fundraising or donations will enrich any individual with the exemption of the annual scholarship winner. If the corporation is dissolved, any assets remaining will be distributed to another corporation w/ similar purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: members of the corporation will vote annually for positions. Defined in corporation bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nikol Anderson - Treasurer Name and Title: Nichelle Anderson - President

Address: 19020 NW 21st Ave Address: 19020 NW 21st Ave
Miami, Fl. 33056 Miami, Fl. 33056

Name and Title: Veronica Green - Secretary Name and Title: Ashley Fisher - Vice President

Address: 19020 NW 21st Ave Address: 19020 NW 21st Ave
Miami, Fl. 33056 Miami, Fl. 33056

Name and Title: L'Donius Bennett - Chair Name and Title: Jacory Harris - Chair

Address: 19020 NW 21st Ave Address: 19020 NW 21st Ave
Miami, Fl. 33056 Miami, Fl. 33056

Name and Title: _____ Name and Title: _____

Address: N/A Address: N/A

Name and Title: _____ Name and Title: _____

Address: N/A Address: N/A

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Nichelle Anderson

Address: 19020 NW 21st Ave
Miami, FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nikol Anderson

Address: 19020 NW 21st Ave
Miami, FL 33056

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

MLA

Required Signature of Registered Agent

2/15/2013

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.

[Signature]

Required Signature of Incorporator

2/15/2013

Date