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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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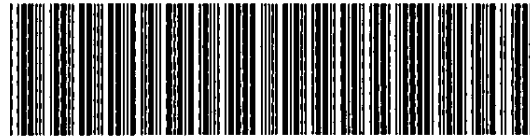
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**COVER LETTER**

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

**SUBJECT: The Anvil Community Development Corporation**  
**(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: **Dr. Anthony Reed**  
Name (Printed or typed)

**14700 Lincoln Blvd**  
Address

**Miami, Florida 33176**  
City, State & Zip

**786-445-4873**  
Daytime Telephone number

**purplechurchpastor@gmail.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: The Anvil Community Development Corporation

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
14700 Lincoln Blvd Miami, FL 33176

Mailing address, if different is: SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Anvil Community Development Corporation's mission is to provide quality community enrichment services which includes health educational, and housing projects for low to moderate income families that will educate and equip individuals and communities to achieve their highest potential. The Anvil Community Development Corporation is formed exclusively for charitable, scientific, and educational purposes, within the meaning of the section 501c-3 of the Internal Revenue Code, including, for such purposes, the making of distribution that qualify as exempt organizations under section 501c-3 or the Internal Revenue Code or the corresponding section of any future United States Internal Revenue Law. Upon winding up and dissolution of the corporation after paying or adequately providing for debts and obligations of the corporation, the remaining assets shall be distributed for one or more exempt purposes within the meaning of section 501c-3 of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The manner of election is detailed in the organization's Bylaws.

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

Name and Title: Dr. Anthony Reed/President/Chairperson  
Address: 14700 Lincoln Blvd.  
Miami, FL 33176

Name and Title: Jaison J. Raju/Director  
Address: 14700 Lincoln Blvd.  
Miami, FL 33176

Name and Title: Regina Grace/Vice-President/Vice-Chairperson  
Address: 14700 Lincoln Blvd.  
Miami, FL 33176

Name and Title: Naomi S. Davis/Secretary  
Address: 14700 Lincoln Blvd.  
Miami, FL 33176

Name and Title: Precious Leaks-Gutierrez/Treasurer  
Address: 14700 Lincoln Blvd.  
Miami, FL 33176

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

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TALLAHASSEE FLORIDA

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Dr. Anthony Reed

Address: 14700 Lincoln Blvd

Miami, Florida 33176

**ARTICLE VII INCORPORATOR**

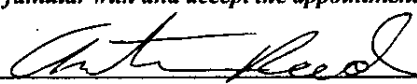
The name and address of the Incorporator is:

Name: Dr. Anthony Reed

Address: 14700 Lincoln Blvd.

Miami, Florida 33176

*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

7/1/13

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

7/1/13

Date