

N13000007339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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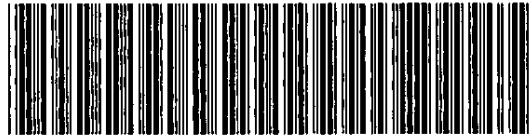
(Business Entity Name)

(Document Number)

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07/26/13--01010--013 **78.75

2013
DIVISION OF STATE
CORPORATIONS
13 AUG 13 PM 12:51

7/31
J.B.

W1342784

COVER LETTER

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

SUBJECT: Coalition of Presidents of Community Associations (COPOCA), 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: Lloyd Washington
Name (Printed or typed)

2344 Sherrington Street
Address

Jacksonville, FL 32209
City, State & Zip

904-403-6622
Daytime Telephone number

ltwashin@bellsouth.net
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

13 AUG 12 PM 3:29
CEI

July 31, 2013

LLOYD WASHINGTON
2344 SHERRINGTON ST
JACKSONVILLE, FL 32209

SUBJECT: COALITION OF PRESIDENTS OF COMMUNITY ASSOCIATIONS
(COPOCA), INC.
Ref. Number: W13000042784

We have received your document for COALITION OF PRESIDENTS OF COMMUNITY ASSOCIATIONS (COPOCA), INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 713A00018440

ARTICLES OF INCORPORATION

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

ARTICLE I **NAME**

The name of the corporation shall be: Coalition of Presidents of Community Associations, Inc.

ARTICLE II **PRINCIPAL OFFICE**

Principal street address:

5711 Marlin Court

Mailing address, if different is:

Jacksonville, FL 32277

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

to promote the common interests of member neighborhood organizations;
so as to maintain health, safety aesthetics, economic viability, increased
employment opportunities, education, social and cultural advocacy, and
property values thereof; and to educate the public on issues concerning
member neighborhood organizations; to encourage the participation in
the civic process; and to promote responsible community stewardship.

ARTICLE IV **MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Directors are elected and appointed in accordance with By-Laws.

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

Name and Title: Lloyd Washington, President

Address: 2344 Sherrington Street
Jacksonville, FL 32209

Name and Title: Levoyus Partlow, Vice President

Address: 1508 N. Myrtle Avenue
Jacksonville, FL 32209

Name and Title: Diane Tucker, Secretary

Address: 7820 Longspur Avenue
Jacksonville, FL 32219

Name and Title: Yvonne Ward, Treasurer

Address: 7435 Fernandina Avenue
Jacksonville, FL 32208

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

13 AUG 13 PM 12:51
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Steward Washington

Address: 5711 Marlin Court
Jacksonville, FL 32277


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lloyd Washington

Address: 2344 Sherrington Street
Jacksonville, FL 32209

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

7-3-13
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

7-3-13
Date

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 13 PM 12:51