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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Victory Homes Resident Council, 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: MAXINE MASON
Name (Printed or typed)

520 NW 73rd Terrace
Address

Miami, Florida 33150
City, State & Zip

(786) 222-1400
Daytime Telephone number

Victoryhomescommunitycenter@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: Victory Homes Resident Council, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

520 NW 73rd Terrace

Miami, FL 33150

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To advocate for the educational, social and economic opportunities of residents of Victory Homes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elections are conducted every three years.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>MAXINE MASON, President</u>	Name and Title:	<u>MARY E. BARNES, Vice President</u>
Address	<u>520 NW 73rd Terrace</u>	Address:	<u>731 NW 4 Avenue</u>
	<u>Miami, FL 33150.</u>		<u>Miami, FL 33150.</u>

Name and Title:	<u>Joyce Cotton, Treasurer</u>	Name and Title:	<u>Shaquenia A. Hanna, Recording Secretary</u>
Address	<u>570 NW 73 Terrace</u>	Address:	<u>450 NW 73 Terrace</u>
	<u>Miami, FL 33150.</u>		<u>Miami, FL 33150.</u>

Name and Title:	<u>Linda Previlion, Corp Secretary</u>	Name and Title:	
Address	<u>530 NW 74 terrace</u>	Address:	
	<u>Miami, FL 33150</u>		

SECRETARY OF STATE
FLORIDA

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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: MAXINE MASON

Address: 520 NW 73rd Terrace

Miami, FL 33150

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: MAXINE MASON

Address: 520 NW 73rd Terrace

Miami, FL 33150

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

01-10-14
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

01-10-14
Date

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