

N140000002049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

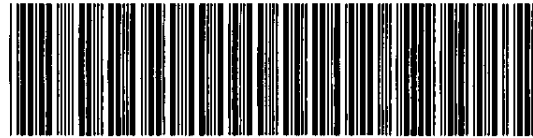
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/24/14--01013--009 **78.75

FILED
14 FEB 24 AM 6:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **Club Mama Jama 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: **Sandra Davenport**
Name (Printed or typed)

3519 NW 10th Avenue
Address

Fort Lauderdale FL 33309
City, State & Zip

954- 290-8115
Daytime Telephone number

SSANDYDAVENPORT@AOL.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: Club Mama Jama Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
3319 NW 10th Avenue

Mailing address, if different is:

Fort Lauderdale, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate as a community gathering place
(social club) whereby members are allowed to participate in a varying schedule of
group activities, recreate and enjoy fellowship.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

Annually appointed by voting members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra Davenport, chairperson

Address: 3519 NW 10th Avenue
Fort Lauderdale, FL 33309

Name and Title: _____

Address: _____

Name and Title: Jerome Mitchell, Vice Chairman

Address: 3519 NW 10th Avenue
Fort Lauderdale, FL 33309

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 FEB 24 AM 6:46

FILED

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: Sandra Davenport

Address: 3519 NW 10th Avenue
Fort Lauderdale, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sandra Davenport

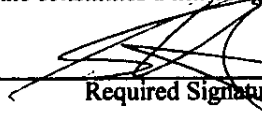
Address: 3519 NW 10th Avenue
Fort Lauderdale, FL 33309

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

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

FILED
14 FEB 24 AM 6:46
SECRETARY OF STATE
TALLAHASSEE
02 / 19 / 14
Date