



## COVER LETTER

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

SUBJECT: Miami Gardens Black Police Officers' Coalition, 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: Veronica Lambert  
Name (Printed or typed)

6412 S.W. 33rd St  
Address

Miramar, FL 33023  
City, State & Zip

786-385-0797  
Daytime Telephone number

veronicalaw08@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: Miami Gardens Black Police Officers' Coalition

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
18535 NW 22nd Place

Miami Gardens, FI 33056

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Miami Gardens Black Police Officers' Coalition  
purpose is to promote professionalism within law enforcement, maintain fairness,  
equality, and compassion within the community we serve. The core focus of  
BPOC is to foster good working relationships with the citizens, with a strong  
emphasis on bridging the gap between the Community and the Police Department.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors will  
be appointed.

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

Name and Title: Andre Lawson-President  
Address: 3280 NW 213th Ter  
Miami Gardens, FI 33056

Name and Title: Veronica Lambert-Secretary  
Address: 6412 SW 33rd St  
Miramar, FI 33023

Name and Title: Joel A. Williams-Vice President  
Address: 18535 NW 22nd Place  
Miami Gardens, FI 33056

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

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

Name and Title: Dana Levine- Fiscal Officer  
Address: 18806 NW 13th Ct  
Pembroke Pines, 33029

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

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

14 FEB 27 AM 7:15

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: Veronica Lambert

Address: 6412 SW 33rd St

Miramar, FI 33023

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joel A. Williams

Address: 18535 NW 22nd Place

Miami Gardens, FI 33056

FILED  
14 FEB 27 AM 7:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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*

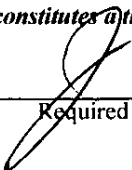
Veronica Lambert

02/18/2014

Required Signature of Registered Agent

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

02/18/2014  
Date