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MAR 13 2014 J. BRYAN The dive Lewin Heritage ŢT] El 33728 a which dignitures will only also for agreeing to regul at shiggins 181 & yahor. I wil seek you an enough ene Hobins 954-670, 3499 Shiggins 101C, yahoo. am is 2129:22309821 for \$ \$7.50 June

COVER LETTER

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



(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

\$78.75 Filing Fee & Certified Copy Status

\$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	Steve Higgins
	Name (Printed or typed)
	2639 OAK PARK CIRCLE
	Address
	DAVIE, FL 33328
	City, State & Zip
	954-670-3499
	Daytime Telephone number

shiggins101@yahoo.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)

A1	₹1	Π	C	L	E	١.	I	NAME	

THE OLIVE LEWIN HEDITAGE FOLINDA

ARTICLE II	PRINCIPAL OFFICE				-
	Principal street address:		Mailing address, if	different ion	
263	9 Oak Park Circle, Davie, Fl. 3332	28	Mannig address, it	unieren is.	
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-					<u> </u>
					0,7
ARTICLE II					A
The purpose for	or which the corporation is organized is:	Educate, Present,	Elevate & to Inform of her w	ork in preserving J 	Jamaica's culture,
then to share &	s inform on Jamaica's cultural heritage through	Performances, L	ecture- demonstrations,Le	ctures, publicatio	ns & recordings
tying it all tog	gether to the definition of the Jamaican ide	entity, specifical	ly for the Jamaican Dias	spora in the US	A and beyond.
2) To provide t	through the Foundation, a structure for continu	ity in the Diaspora	a & a scholarship to a stud	lent of Jamaican	Heritage studies
3) To be a loc	cal (USA) conduit/reservoir for informatio	n on Jamaican o	cultural studies,using the	media to share	e our culture &
promote a st	ronger sense of the Jamaican identity 4	To be Cultura	Action group to take t	he message to	the Diaspora
ARTICLE IV	MANNER OF ELECTION The ma	anner in which the	e directors are elected and	appointed:	
Appointed	by Executive Director in collabor	ration with Di	r. Thompson-Gordo	on	
					_
ARTICLE V	INITIAL OFFICERS AND/OR DE	RECTORS			
Name and Title	Mr. Steve Higgins, Executive Dir	Name and Title	Dr. Clover Thompson	-Gordon- Dir	
Address	2639 Oak Park Circle	Address:	10207 NW 6th Stree	t,	
	Davie , Florida 33328		Plantation , Florida	33324	
		•		<u> </u>	
	Rev Easton Lee- Director	-	Elavia Gordon	Director	
Name and Title	3:	Name and Title:			
Address	12845 SW 30th St	Address:	6475 W. Oakland Pk	Blvd. #511	
	Miramar, FL 33027-5303		Lauderhill, FL 333	15	
			<u></u>		
Name and Title	Kingsley Gordon- Director	Name and Title:	Dr. Cedric Lynch	- Director	
Address	850 SW 138th Ave #D313	Address:	21256 Rock Ridge I	Orive	
	Pembroke Pines Fl. 33027	, tuut ess.	Boca Raton, FL 334	28-4874	

Name and Ti	itle: Rudolph Gordon-	Director	Name and Title	: Capt. Johanna Lewin (retro)		
Address	10207 NW 6th S	treet,	Address:	c/o 2639 Oak Park Circle		
	Plantation , Florida	33324	-	Davie, Fl. 33328		
Name and Tit	tle:		- Name and Title	:		
Address			_ Address:			
			-		STATE OF STA	
ARTICLE V	VI REGISTERED AGEN d Florida street address (P.O. F		eptable) of the reg	istered agent is:	18 STORION	
Name:	Steve Higgins					
Address:	2639 Oak Parl	k Circle				
	DAVIE, FL 33	328				
ARTICLE V	VII INCORPORATOR ad address of the Incorporator is:					
Name:	Steve Higgins					
Address:	2639 Oak Par	k Circle				
Address.	DAVIE, FL 33					
Having been certificate, I	named as registered agent to am familiar with Ord accept the	accept service appointment	of process for to as registered age	ne above stated corporation at the place nt and agree to act in this capacity	designated in this	
	Required Signatur	e of Registered	d Agent	3/12/2 Date	014	
I submit this to the Depart	tment[of] state constitutes a third	degree felony	as provided for t	n aware that any false information submit n s.817.155, F.S. 3/12-//	tted in a document	
	Required Sig	nature of Inco	rporator	Date		