

NA000010288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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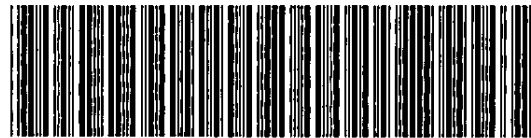
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W14-65071

## COVER LETTER

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

SUBJECT: Red Raider Band Booster 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: Miozotti Acevedo  
Name (Printed or typed)

315 NW 53 Street  
Address

Miami Fl 33127  
City, State & Zip

786-608-2274  
Daytime Telephone number

edisonbandbooster@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: Red Raider Band Booster Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2901 NW 59 Street

Miami FI 33314

Mailing address, if different is:  
347 NW 53 Street

Miami FI 33127

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Miami Edison Band Booster are an organization formed by band parents to served the needs of the Edison High School Band Program. If you are a band parent you are a member. The Booster have an Executive Board to serve as the leadership for this well managed organization. The Edison band Booster provide support services and financial assistance to help maintain and improve Edison excellent concert and marching band programs. The Band Booster assist the band programs in a multitude of ways. including: rehearsals,concerts,festivals,equipments repair,and etc.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: A meeting is held at the end of the year and its voted on.

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

Name and Title: Miozotti Acevedo-President

Address: 347 NW 53 Street  
Miami FI 33127

Name and Title: Yamaira Disla-VicePresident

Address: 405 NW 59 Street  
Miami FI 33127

Name and Title: Shantavia Womble-Treasurer

Address: 6747 NW 50 Court  
Miami FI 33150

Name and Title: Sheba Israelion- Secretary

Address: 720 NW 75th Street  
Miami FI 33150

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

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

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

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

RECORDED  
MILAN COUNTY CLERK  
14 NOV -4 AM 9:46

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: Miozotti Acevedo

Address: 347 NW 53 Street

Miami FI 33127

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Miozotti Acevedo

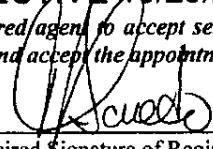
Address: 347 NW 53 Street

Miami FI 33127

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TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE 10/29/2014**

*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

10/29/14  
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

10/29/14  
Date