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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer	
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Office Use Only



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ONVISION OF CORPORATION

× 06/15/15

COVER LETTER

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

SUBJECT: Biscayne Ga	dens Chamber of Commerce, Inc. (BGCC, Inc.)							
50202011	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)							
Enclosed is an original	Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:							
\$7 0.00	\$78.75	□\$78.75	\$87.50					
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,					
1 11115 1 00	Certificate of	& Certified Copy	Certified Copy					
	Status		& Certificate					
		ADDITIONAL COPY REQUIRED						
FROM:	Biscayne Gardens Chamber of Commerce, Inc.							
	Name (Printed or typed)							
	1320 NW 135thh Street							
		Address	_					

E-mail address: (to be used for future annual report notification)

bis cay negar denschamber of commerce@y ahoo.com

Miami, Florida 33167

786-486-7217

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

The name o	II PRINCIPAL OFFICE					
MATICELLI			No. 12 1 1 10 1100	•		
Principal <u>street</u> address: 1320 NW 135th Street			Mailing address, if different is:			
<u>M</u>	iami, Fl 33167					
To provide	e for which the corporation is organized is the business community with networking	s:		s to promote one anothe		
	idividual and collective business interests					
	provide; education opportunites, scholarsh					
opportunitie	es to its business members and citizens of	Biscayne Gardens and	the surrounding communites. To a	dso provide business		
exchange p	rograms and networking relationships to b	businesses in other state	es and countries around the world.			
ARTICLE I	V MANNER OF ELECTION Then	nanner in which the dire	ctors are elected and appointed. Ap	pointed & Elected		
ARTICLE I			ctors are elected and appointed: Ap			
-	V INITIAL OFFICERS AND/OR DIR		Barbara Howard Director	pointed & Elected SECRET		
ARTICLE I	V INITIAL OFFICERS AND/OR DIR	RECTORS	Barbara Howard Director	SECRETARY DIVISION OF CO		
ARTICLE I	V INITIAL OFFICERS AND/OR DIR itle: Bernard Wh Jennings, Director	RECTORS Name and Title	Barbara Howard, Director	SECRETARY OF OUR DIVISION OF CORE		
ARTICLE I	Ditle: Bernard Wh Jennings, Director 1320 NW 135th Street Miami, Florida 33167	**************************************	Barbara Howard, Director 1320 NW 135th Steet Miami, Fl 33167	SECRETARY DIVISION OF CO		
ARTICLE I Name and T Address Name and T	itle: Bernard Wh Jennings, Director 1320 NW 135th Street Miami, Florida 33167	Name and Title Address: Name and Title	Barbara Howard, Director 1320 NW 135th Steet Miami, Fl 33167	SECRETARY OF OUR DIVISION OF CORE		
ARTICLE I Name and T Address	itle: Miami, Florida 33167 Katrina Broome	**************************************	Barbara Howard, Director 1320 NW 135th Steet Miami, Fl 33167 Willie Brown , Div	SECRETARY OF CORP		
ARTICLE I Name and T Address Name and T Address	INITIAL OFFICERS AND/OR DIR Sitle: Bernard Wh Jennings, Director 1320 NW 135th Street Miami, Florida 33167 Sitle: Katrina Broome 1320 NW 135th Street	Name and Title Address: Name and Title Address: Address:	Barbara Howard, Director 1320 NW 135th Steet Miami, Fl 33167 Willie Brown , Div 1320 NW 135th Street	SECRETARY OF STATE DIVISION OF CORPORATIONS 15 JUN 1 1 PM 4: 44		

Name and Title:	• ,	Name and Title:		-	
Address		_ Address:		-	
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Name and Title:		Name and Title:		-	
Address _		Address:		-	
-		-	* 40	-	
-		-		-	
ARTICLE VI	REGISTERED AGENT				
	lorida street address (P.O. Box NOT acce	ptable) of the registered agent is	s:		
Name:	Rickey Brown				
Address:	1320 NW 135th Stree	et		<u>15</u>	SIVIG
	Miami, Fl 33167			<u> </u>	CRE TA
				_	RY I
	INCORPORATOR			PH	포우드 유유
The name and a	Idress of the Incorporator is: Remard Wh Jennings	•		ŧ.	MIL
Name:	Bernard Wh Jennings			<u>-</u>	
Address:	1320 NW 135th Stree	<u> </u>			
	Miami, Fl 33167				
	EFFECTIVE DATE: other than the date of filing:	(OPTIC	ONIAI)		
	ate is listed, the date must be specific ar			ousin	ess days
	inserted in this block does not meet the aptive date on the Department of State's reco		ements, this date will not be	liste	d as the
	ned as registered agent to accept service amiliar with and accept the appointment a			desig	nated in this
Reily 1.	Required Signature of Registered		G/5/15	-	
J			· · · · · · · · · · · · · · · · · · · ·		
I submit this doct to the Departmen	ument and affirm that the facts stated here t of State constitutes of third degree felony-	in are true. I am aware that ar as-provided for in s.817.155, F	ny false information submit .S.	ted in	a documen
			chalis		
() ()	Required Signature of Incor	porator	Date		