

N15000006823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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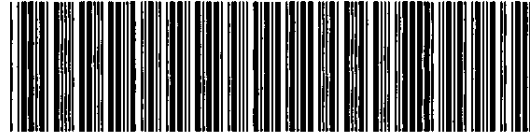
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATE  
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07/16/15

## COVER LETTER

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

**SUBJECT:** Aventura-Sunny Isles Beach Chamber Marketing Network, 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:** Lesley Winston  
\_\_\_\_\_  
Name (Printed or typed)

11975 West Dixie Highway  
\_\_\_\_\_  
Address

North Miami, Florida 33161  
\_\_\_\_\_  
City, State & Zip

305-773-5167  
\_\_\_\_\_  
Daytime Telephone number

lwinston@winifs.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: Aventura-Sunny Isles Beach Chamber Marketing Network, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
11975 West Dixie Highway

North Miami, Florida 33161

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To promote the benefits of membership in the Aventura-Sunny Isles Beach Chamber of Commerce, a 501 C (6) organization in Aventura, Florida.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed by Preside

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

Name and Title: Lesley Winston, President, Director

Address: 11975 West Dixie Highway  
North Miami, Florida 33161

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

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

Name and Title: Katherine Murphy, Secretary, Director

Address: 11975 West Dixie Highway  
North Miami, Florida 33161

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

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

Name and Title: Roberta Rousseau, Treasurer, Director

Address: 11975 West Dixie Highway  
North Miami, Florida 33161

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

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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: Lesley Winston

Address: 11975 West Dixie Highway

North Miami, Florida 33161

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lesley Winston

Address: 11975 West Dixie Highway

North Miami, Florida 33161

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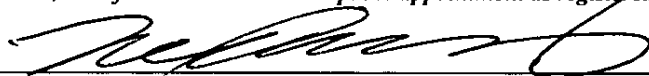
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

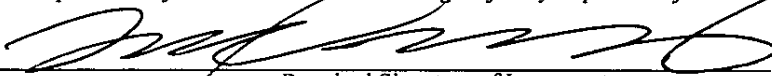
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature of Registered Agent

7/7/15  
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

7/7/15  
Date