

N15000007116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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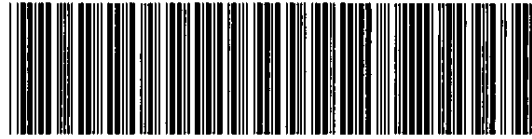
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 23 2015
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COVER LETTER

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

SUBJECT: GOULDS PLAZA RESIDENT COUNCIL, 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: DAMARIS REYES

Name (Printed or typed)

11459 S.W. 213 Street

Address

MIAMI, FLORIDA 33189

City, State & Zip

(305) 926 1313

Daytime Telephone number

Damaris R3@aol.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: GOULDS PLAZA RESIDENT COUNCIL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

11459 S.W. 213 Street

MIAMI, FLORIDA 33189

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To advocate for the educational, social and economic opportunities of residents of Goulds Plaza Resident Council, Inc.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: elections every (3) ye

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Damaris Reyes, PRESIDENT

Address: 11459 S.W. 213 Street

Miami, Florida 33189

Name and Title: Lynette Peters, TREASURER

Address: 11481 S.W. 213 Street

Miami, Florida 33189

Name and Title: Ibrahim Mesa, VICE-PRESIDENT

Address: 11459 S.W. 213 Street

Miami, Florida 33189

Name and Title: Luisa Grasset, RECORDING

Address: SECRETARY

11481 S.W. 213 Street

Miami, Florida 33189

Name and Title: Jose Rocha, CORRESPONDING

Address: SECRETARY

11489 S.W. 213 Street

Miami, Florida 33189

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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: Damaris Reyes

Address: 11459 S.W. 213 Street

Miami, Florida 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Damaris Reyes

Address: 11459 S.W. 213 Street

Miami, Florida 33189

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TALLAHASSEE, FLORIDA

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.

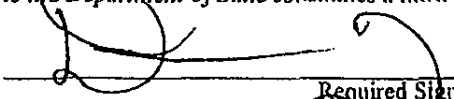
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature of Registered Agent

6-26-15
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

6-26-15
Date