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15 SEP -2 AM 8:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2015

SARA A. SMITH
6304 NW 14 AVENUE
MIAMI, FL 33147

SUBJECT: LIBERTY SQUARE RESIDENT COUNCIL, INC. SITE #170
Ref. Number: W15000044679

We have received your document for LIBERTY SQUARE RESIDENT COUNCIL, INC. SITE #170 and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 415A00017908

COVER LETTER

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

SUBJECT: LIBERTY SQUARE 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: SARA A. SMITH.
Name (Printed or typed)

6304 N.W. 14 Avenue.
Address

MIAMI, FL. 33147
City, State & Zip

(305) 694-2757
Daytime Telephone number

Libertycouncil@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: LIBERTY SQUARE RESIDENT COUNCIL, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6304 N.W. 14 Avenue, Miami, Fl. 33147

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ADVOCATE FOR THE EDUCATIONAL, ECONOMIC, CULTURAL AND CHARITABLE OPPORTUNITIES FOR RESIDENTS OF LIBERTY SQUARE.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As stated in Bylaws Directors elected every (3) years.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sara A. Smith (President)

Address: 6304 N.W. 14 Avenue
Miami, FL. 33147

Name and Title: Mildred Collier (CS)

Address: 6304 N.W. 14 Avenue
Miami, FL. 33147

Name and Title: Crystal Corner (VP)

Address: 6304 N.W. 14 Avenue
Miami, FL. 33147

Name and Title: Rosalyn Nelson (RS)

Address: 6304 N.W. 14 Avenue
Miami, FL. 33147

Name and Title: Dorothy Edmonds

Address: 6304 N.W. 14 Avenue
Miami, FL. 33147

Name and Title:

Address:

15 SEP - 2 AM 8:00

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: ERIC THOMPSON

Address: 6304 NW 14 AVE

MIAMI FL 33147

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SARA A. SMITH

Address: 6304 NW 14 AVE

MIAMI FL 33147

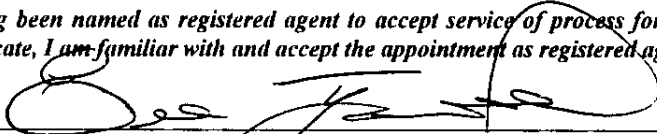
ARTICLE VIII EFFECTIVE DATE:

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.

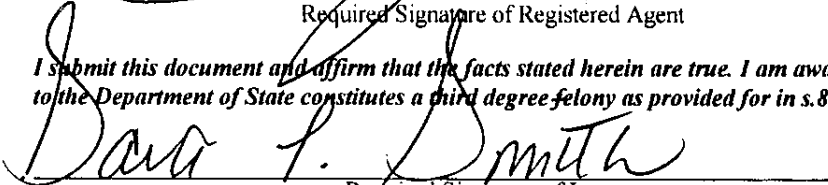
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

5/15/15
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

5/15/15
Date