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COVER LETTER

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

UBJECT: HARRY CA	IN RESIDENT COUNCIL, Inc.	RATE NAME - MUST INC	CLUTTE CHEETY
nclosed is an original a	and one (1) copy of the Artic		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate
FROM:	DAVID KENNEDY Name	e (Printed or typed)	-
	490 N.E. 2 nd Ave. # 1410		_
	MIAMI, FLORIDA. 33132-19	Address	
	(786) 521-5627	ity, State & Zip	-

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

Daytime Telephone number

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

Kennedy66546@bellsouth.net

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME The name of the corporation shall be: HARRY CAIN RES	SIDENT COUNCIL, Inc.
ARTICLE II PRINCIPAL OFFICE	· · · · · · · · · · · · · · · · · · ·
Principal <u>street</u> address: 490 N.E. 2 nd. Avenue. 3 rd. Floor Office	Mailing address, if different is:
Miami, Fl. 33132-1949	Miami, FL. 33132-1949
	0: 29
The purpose for which the corporation is organized is:	To Advocate for the educational, social, economic, property and a function, and clean common residents used areas. To improve
the quality of life following fire prevention rules, propert	ty access defined rules, observed by the camera system as applied for the
benefit of all residents and charitable opportunities for re	esidents of Harry Cain Tower.
ARTICLE IV MANNER OF ELECTION The manner of the Manner of Election The manner of the Section of the Manner of Election of Election of the Manner of Election of the Manner of Election of the Manner of Election	
Name and Title: Miguelina Alvarez (Secretary) 490 N.E. 2 nd Avenue # 1415 Miami, Florida 33132-1949	Name and Title: Amelia Coto (Treasurer) 490 N.E. 2 nd Avenue #911 Miami, Florida 33132-1949
Name and Title: Bonifacio Rivas (Recording Secretary) 490 N.E. 2 nd Avenue # 504	Name and Title: Address:
Miami, Florida 33132-1949	

Name and Title:_	Na	me and Title:	
Address	Ac	ldress:	
-			
Name and Title:	Na	me and Title:	
Address	Ac	idress:	
			15
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		6	ું ૧
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptab	in the second se	•
Name:	David Kennedy	9:	
Address:	490 N.E. 2 nd Ave. #1410		
Audi Coo.	Miami, Fl. 33132-1949		
			
	INCORPORATOR		
The name and add	dress of the Incorporator is:		
Name:	David Kennedy		
Address:	490 N.E. 2 nd Ave. # 1410		
	Miami, Fl. 33132-1949		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if o	other than the date of filing:	(OPTIONAL) annot be more than five business days prior or 90 busines	ec dave
after the filing.)	ate is nated, the date must be specific and o	annot be more than 1170 business this prior of 70 busines	.33 uujs
	inserted in this block does not meet the applicative date on the Department of State's records.	table statutory filing requirements, this date will not be listed	d as the
certificate, I am fa	imiliar with and accept the appointment as re	process for the above stated corporation at the place design gistered agent and agree to act in this capacity	nated in this
DA	vid G Rennedy	8/18/201	15
	VI d G Rennedy Required Signature of Registered Age	ent Date	
I submit this docu	\	re true. I am aware that any false information submitted in	a document
_			
	Required Signature of Incorpor	ator Pate	\overline{A}
	7	1	