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TALLAHASSEE, FLORIDA

12/4/15

## COVER LETTER

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

**SUBJECT:** LEMON CITY 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:** Wallace Vance

\_\_\_\_\_  
Name (Printed or typed)

150 N.E. 69 Street # 215

\_\_\_\_\_  
Address

Miami, Fl. 33138

\_\_\_\_\_  
City, State & Zip

(786) 277 0617

\_\_\_\_\_  
Daytime Telephone number

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

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

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TALLAHASSEE, FL 32314  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Lemon City Resident Council, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

150 NE 69 Street #215

Miami, Florida 33138

Mailing address, if different is:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To advocate for the educational, economic, charitable, social and cultural opportunities of residents Lemon City.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Per By-laws 3yr cycle

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

Name and Title: Wallace Vance - President

Address: 150 NE 69 St. #215

Miami, Florida 33138

Name and Title: Rose Deantignac - Recording Secretary

Address: 150 NE 69 St. #204

Miami, Florida 33138

Name and Title: James Jones - Vice President

Address: 150 NE 69 St. # 121

Miami, Florida 33138.

Name and Title: Eric Griffin - Treasurer

Address: 150 NE 69 St. # 311

Miami, Florida 3338

Name and Title: Katherine Sibert - Corresponding Sec.

Address: 150 NE 69 St. #121

Miami, Fl. 33138

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

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

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: Wallace Vance President  
Address: 150 NE 69 St. #215  
Miami, Fl. 33138

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DEPARTMENT OF STATE  
HALL, TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Wallace Vance  
Address: 150 NE 69 St. #215  
Miami, Fl. 33138

**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*

*W. Vance*

\_\_\_\_\_  
Required Signature of Registered Agent

11-5-15  
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.*

*W. Vance*

\_\_\_\_\_  
Required Signature of Incorporator

11-5-15  
Date