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DIVISION OF CONFORATIONS

01/19/16--01038--010 **78.75

FEB 2 9 2016 S. PRATHER



January 27, 2016

JOHN MCCARTHY 1423 PLUNKETT ST HOLLYWOOD, FL 33020

SUBJECT: PRIMA - SOUTH FLORIDA/PUBLIC RISK MANAGERS

ASOCIATION

Ref. Number: W16000005770

We have received your document for PRIMA - SOUTH FLORIDA/PUBLIC RISK MANAGERS ASOCIATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return 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) 245-6900.

Stacy Prather Regulatory Specialist III

Letter Number: 516A00001787

COVER LETTER

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

SUBJECT: South Flo	orida PRIMA / Public Ris	sk Managers Associatio	n		
	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)		
\$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 PY REQUIRED		
FROM: John McCarthy Name (Printed or typed)					
-	1423 Plunkett St Address				
-	Hollywood, FL 33020 City, State & Zip				
-	954-797-2224 Daytim	e Telephone number	-		

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

jmccarthy@plantation.org
E-mail address: (to be used for future annual report notification)

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

ARTICLE I The name of the	NAME PRIMA - So	uth Florida	/ Public Risk Managers Asocia	ıtion	IN
	PRINCIPAL OFFICE				(P)
	Principal street address:		Mailing address, if different is:	16 F	SIAK
1.44	22 NI. 1-11 Ct		1423 Plunkett St	뜐	<u> </u>
	23 Plunkett St llywood, FL 333020	_		29	F CC
——————————————————————————————————————	llywood, FL 333020———	*		1	TOP S
					- 1
ARTICLE III	PURPOSE which the corporation is organized is:	Education	in public entity Risk Managen	nent	NON:
The purpose io	Willow the corporation to organized is.				
					,
				,	- **
•					
		<u> </u>			
ARTICLE IV	MANNER OF ELECTION The manner	r in which the din	ectors are elected and appointed:		
Annual	Election - Each year				
ADTICLE V	INITIAL OFFICERS AND/OR DIRECTS	7 .P.C			
ARTICLE Y	<u> </u>	<u> </u>			
Name and Title:	<u>Jean Heald - President</u>	Name and Title	e: Guy Hine - BOD		
Address _	c/o City of Boca Raton	Address;	c/o City of FT. Lauderdale		
	201 W Palmetto Pk Rd	_	101 3rd Ave # 1400		
·	Boca Raton, FL 33432-3795		Ft. Lauderdale, FL 33301		
Name and Title:	Ed Beecher - VP	Name and Title	; Jim Buschman - BOD		
Address		Address:	c/o City of Hallandale Beach		
Aduless "	100 W Atlantic Blvd # 219	·	400 S Federal Hwy		
-	Pompano Beach, FL 33060		Hallandale Beach, FL 33009		
Name and Title:	_		:: Nancy Boulton - BOD	r.	
Address	City of North Miami	Address:	<u>c/o Palm Beach County - RM</u>	1	
	776 NE 125th St		106 Australian Ave # 401		
	N Miami, FL 33161		West Palm Beach, FL 33406		

Name and Titl	e: <u>Dianne Howard - BOD</u>	Name and Title:		
Address	c/o The School District of PB	CAddress:	i	
	3370 Forest Hill Blvd - A 103			
	West Palm Beach, FL 33406			
Name and Title	John McCarthy - Treasurer	Name and Title		
Address	c/o City of Plantation	Name and Title:	=	944
Aduress	400 NW 73 Ave	Address;	6 FEB	V SECO
	Plantation, FL 33317		B 29	
ARTICLE VI	REGISTERED AGENT		MII: 19	OF STATE
The name and	Florida street address (P.O. Box NOT acce	ptable) of the registered agent is:	9	10
Name:	John McCarthy			t ja
Address:	1423 Plunkett St			
	Hollywood, FL 333020			
	INCORPORATOR address of the Incorporator is: John McCarthy			
Address:	1423 Plunkett St			
	Hollywood, FL 33020			
Effective date, i (If an effective after the filing. Note: If the dat)	d cannot be more than five business days prior or 90 be plicable statutory filing requirements, this date will not be		·
certificate, I am OR M I submit this doc	familiar with and accept the appointment as County PRIMA TRO Required Signature of Registered A	n are true. I am aware that any false information submitte		
	Carthy - PRIMA Trea Required Signature of Incorp		<u> </u>	