

N160000003109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

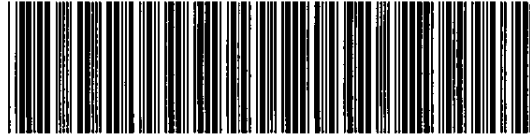
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/09/15--01011--013 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 24 AM 10:10

APPROVED  
AND  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2015

KRYSTAL DIXON  
1601 SW 51ST TERR  
APT 734  
GAINESVILLE, FL 32608

SUBJECT: COMMUNITY COLLABORATION & DEVELOPMENT INITIATIVES  
Ref. Number: W15000068600

We have received your document for COMMUNITY COLLABORATION & DEVELOPMENT INITIATIVES 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The incorporator must sign the document.

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) 245-6052.

Tina D Cannon  
Regulatory Specialist II

Letter Number: 415A00021884

## COVER LETTER

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

**SUBJECT:** Community Collaboration & Development Initiatives Corporation

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : *check has already been submitted.*

☐ \$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:** Krystal Dixon

Name (Printed or typed)

1601 SW 51st Terr

Address

Gainesville, FL 32608 Apt. 734

City, State & Zip

9542970215

Daytime Telephone number

krystalsdixon@gmail.com

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

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

RECEIVED  
16 MAR 24 AM 11:17  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: Community Collaboration & Development Initiatives Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4473 Oak Arbor Circle, Orlando, FL 32808

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to formulate a culture of benevolence, service, and collaboration, and within communities in Jamaica, W.I.. Using the 3s of social development, Creativity, Collaboration, and Community, we harvest the power within civilians to address the challenges in their communities.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Directors are elected and appointed by the organization's president.

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

Name and Title: Krystal Dixon - President

Address: 1601 Southwest 51st Terrace,  
Gainesville, FL 32607  
Apt. 734

Name and Title: Levy Odera - Director

Address: 3800 Southwest 34th Street,  
Gainesville, FL, 32608  
Apt. K89

Name and Title: Myrtle Dixon - Director

Address: 4437 Oak Arbor Circle  
Orlando, FL 32808

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

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

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

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

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 24 AM 10:10

APPROVED  
AND  
FILED

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: Myrtle Dixon  
Address: 4473 Oak Arbor Circle  
Orlando, FL 32808

APPROVED  
AND  
FILED  
16 MAR 26 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Krystal Dixon  
Address: 1601 SW 57th Terr,  
Gainesville, FL 32607 Apt. 734

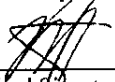
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/22/2016. (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

03/21/2016  
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

03/21/2016  
Date