

N1600000 4733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

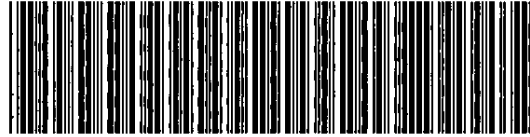
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900285105109

900285105109
05/02/16--01040--006 **79.75

FILED
16 MAY -2 PM 2:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. G. MAY 10 2016

COVER LETTER

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

SUBJECT: HISTORIC ROADS NEIGHBORHOOD CIVIC ASSOCIATION, 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: GRACE SOLARES

Name (Printed or typed)

60 SW 30 Road

Address

Miami, Florida 33129 .

City, State & Zip

305-798-9568

Daytime Telephone number

gachysolares@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: HISTORIC ROADS NEIGHBORHOOD CIVIC ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
60 SW 30 Road

Miami, Florida 33129

16 MAY -2 PM 2:11
Mailing address, if different is: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Protecting and Preserving Quality of Life Within The Roads
Neighborhood and Other Neighborhoods Within the City of Miami and to Engage in All Lawful Activities In Support Thereof.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As per By-Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GRACE SOLARES, PST Name and Title: _____

Address: 60 SW 30 Road Address: _____

Miami, Florida 33129 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: LINDA L. CARROLL
 Address: 44 W. Flagler Street, #900
Miami, Florida 33130

16 MAY -2 PM 2:11
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Grace Solares
 Address: 60 SW 30 Road
Miami, Florida 33129

ARTICLE VIII EFFECTIVE DATE: 4/28/2016

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

Linda L. Carroll
 Required Signature of Registered Agent

4/28/2016
 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.

Grace Solares
 Required Signature of Incorporator

4/28/2016
 Date