

N/6000005041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

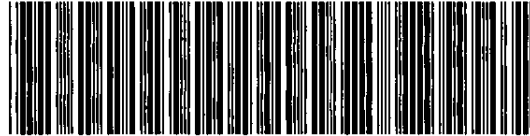
(Document Number)

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

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W116-27148

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

VH

## COVER LETTER

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

**SUBJECT:** Lisa Simone Community Outreach Program, 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:** Carmen Bartlett  
\_\_\_\_\_  
Name (Printed or typed)

355 NW 165th Ave  
\_\_\_\_\_  
Address

Pembroke Pines, FL 33028  
\_\_\_\_\_  
City, State & Zip

954.328.1465  
\_\_\_\_\_  
Daytime Telephone number

bartlett125@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2016

CARMEN BARTLETT  
355 NW 165TH AVE  
PEMBROKE PINES, FL 33028

SUBJECT: LISA SIMONE COMMUNITY OUTREACH PROGRAM  
Ref. Number: W16000027148

We have received your document for LISA SIMONE COMMUNITY OUTREACH PROGRAM 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.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Please return the corrected original and one copy of 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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 416A00007539

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

**ARTICLE I NAME**

The name of the corporation shall be: Lisa Simone Community Outreach Program, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
355 NW 165th Ave

Pembroke Pines, FL 33028

Mailing address, if different is:

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**16 MAY 17 AM 8:04**

**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Purpose is to bring free health, wellness, and education to the rural areas of Jan

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Nominee must be endorsed by

member of the board and receive 100% of votes by board members.

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

Name and Title: Carmen Bartlett/ President

Address: 355 NW 165th Ave

Pembroke Pines, FL 33028

Name and Title: Edmund Bartlett/ VP of Operations

Address: 10537 SW 13th Ct

Pembroke Pines, FL 33025

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

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

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

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

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

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

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

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

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

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

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

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

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TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Carmen Bartlett  
Address: 355 NW 165th Ave  
Pembroke Pines, FL 33028

**ARTICLE VII INCORPORATOR**

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

Name: Edmund Bartlett  
Address: 10537 SW 13th Ct  
Pembroke Pines, FL 33025

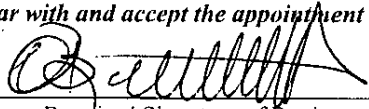
**ARTICLE VIII EFFECTIVE DATE:**

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*



Required Signature of Registered Agent

5/2/16  
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

5/2/16  
Date