## N/6000006223

(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
(Ad	ldress)	.,
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:
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~ 06/21/16

Tallahassee, FL 32301 (850) 245-6052

## **COVER LETTER**

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

(PROPOSED COR		
(I KOI OBED COI	RPORATE NAME – <u>MUST</u>	INCLUDE SUFFIX)
	A 1	
id one (1) copy of the	Articles of Incorporation	1 and a check for:
\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
	ADDITIONAL CO	PY REQUIRED
		<u> </u>
. Clarke		
	Name (Printed or typed)	<b>N</b>
Ell St NE,	Address	<u></u>
la 32909		<del></del>
	City, State & Zip	
Da	ytime Telephone number	
	\$78.75 Filing Fee & Certificate of Status  Clarke	Filing Fee & Certificate of Status  ADDITIONAL CO  Clarke  Name (Printed or typed)  Publication of Status  Name (Printed or typed)

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

## ARTICLES OF INCORPORATION

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

Principal street address:	Mailian address if different in
	Mailing address, if different is:
c/o_Earl Simmons	. ,
2066 Acacia St NE	• • • • • • • • • • • • • • • • • • •
ılm Bay, Florida 32905	
RTICLE III PURPOSE	~ -
to serve the communities of Brevard County by sharing the princitivities.	

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Tit	le: Earl Simmons/President			<u> </u>
Address	2066 Acacia St NE			
	Palm Bay, Florida 32905			
Name and Tit	le: Patricia Davis/Vice President	<u>_</u>		
Address	100 Airview Ave NE			
	Palm Bay, Florida 32907			
Name and Tit	tle: Barbara Rhoden/Second Vice Presid	ent	:	
Address	796 Hunan St NE			
	Palm Bay, Florida 32907			
Name and Ti	tle: Tena Gordon/Treasurer			
Address	292 Harmon St SW		:	
	Palm Bay, Florida 32908			
Name and Ti	tle: Howard O. Clarke/Secretary			
Address	791 Brickell St SE			
	Palm Bay, Florida 32909	_		

The name and Florida street address (P.O. Box M	NOT acceptable) of the register	ed agent is:		
Name: Howard O. Clarke				
791 Brickell St SE Palm Bay, Florida 32909				
			, A	
ARTICLE VII INCORPORATOR			: * * * * * * * * * * * * * * * * * * *	
The <u>name and address</u> of the Incorporator is:			=	
Name: <u>Howard O. Clarke</u>			3	
Address: 791 Brickell St SE				
Palm Bay, Florida 32909	_			
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: (If an effective date is listed, the date must be spafter the filing.)  Note: If the date inserted in this block does not medocument's effective date on the Department of States.	ecific and cannot be more that eet the applicable statutory filing		·	
Having been named as registered agent to accept s certificate, I am familiar with and accept the appo	service of process for the above vintment as registered agent an	stated corporation at the place de d agree to act in this capacity	signated in thi	
How ord O. Clarke		06/07/16		
Required Signature of Registered Agent		Date	Date	
I submit this document and affirm that the facts si document to the Department of State constitutes a	tated herein are true. I am awa third degree felony as provide	re that any false information subn d for in s.817.155, F.S.	nitted in a	
Howard O. Clas	ke	06/07/16		

Date

Required Signature of Incorporator