PAGE 01/03

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION BROWARD CENTENNIAL LION CLUB, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

H16000154622

ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S., (Not for Profit)
The name of the corporation shall be; BROWARD CENTENNIEL LIEW CLub, inc
ARTICLE II PRINCIPAL OFFICE
Principal street address: Mailing address, if different is: 4554 NW 183 ST
Miami gaedous, FL 33055 Miami Gardens FL 33055
30055
The purpose for which the corporation is organized is: TO SERVE, Make a
difference in our community get
involve on a monthly basis to develop
A better community. Support for the
need one, volunteer work. To work and
be guided by the Hlaw of the
International CENTER.
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BL + the
by laws
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title; Miguelina Garcia (P)
Address 19621 NW 1835+ 5
Miami FL 33015
Name and Title: Angelica Castillo
Name and Title: Hoyelica Custillo Address 1101 Colony Point Cir.
AP+ 223

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(0272 NW 186+ ST

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Name and Title:_	Name and Title:	
Address	Address:	
Name and Title	Name and Title:	
Address	Address:	
America han a		
	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Miguelina Garcia	
Address:	4554 NW 183 ST	
	Miami Gardens FL 33055	
	INCORPORATOR drein of the Incorporator is:	
Name:	Miguelina Garcia	
Address:	4554 NW 183 ST	
	Miami Gardens FL 33055	
	EFFECTIVE DATE:	
Effective date, if o If an effective da liter the filing.)	other than the date of filing: (OPTIONAL) ate is listed, the date must be specific and cannot be more than five business days prior or 90 business days	
<u>Note:</u> If the date i locument's effecti	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ive date on the Department of State's records.	
Having bean nam entificate. I om to	ted as registered agent to accept service of process for the above stated corporation at the place designated in this unitiar with and accept the appolptment as registered agent and agree to act in this capacity	
	Required Signature of Registered Agent Date	
submit this document and affirm that the facts stated horsin are true. I am aware that any false information submitted in a document		
1	of State constitutes a third degree fellow as provided for in s.817.155, F.S.	
<i>u</i>	Required Bignature of Incorporator Required Bignature of Incorporator	

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