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(Requestor's Name)	_
(Address)	_
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(City/State/Zip/Phone #)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	





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COVER LETTER

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

SUBJECT: JOLLIVETT	E RESIDENT COUNCIL, INC.						
5616161.	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
	•						
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for:				
\$70.00	□ \$78. 75	□\$78. 75	■ \$8 7.50				
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,				
3	Certificate of	& Certified Copy	Certified Copy				
	Status		& Certificate				
		ADDITIONAL CO	PY REQUIRED				
		<u>.</u>					
FROM:	Olga Sanchez						
	Name (Printed or typed)						
	6319 NW 24th Place						
	·	Address					
	NG: FW 22142						
	City, State & Zip 786-486-5182 Daytime Telephone number						
•							
,			- 、				
j	E-mail address: (to be used for fu	nure annual report notificatio	n)				

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

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

RTICLE II PRINCIPAL OFFICE	•		NS:	B 23
Principal street address:	,	Mailing address, if d	ifferent is: 📆 🚍	PH
6319 NW 24th Place	Olga S	anchez	<u> </u>	- ⊬. ⊐x
Miami, FL 33142	2446 N	W 64th Street	ORIDA	. 19
		, FL 33142		
RTICLE III PURPOSE the purpose for which the corporation is organized is sidents of Jollivette Plaza.	To advocate for educations:	onal, economic and cult	ural opportunities	for the
			•	·
				 -
TICLE IV MANNER OF ELECTION The	manner in which the directo	rs are elected and appoin	By vote (3)	year te
		rs are elected and appoir	By vote (3)	year te
CIGO Sonchez /President	IRECTORS	rs are elected and appoir	ag Secretory	year te
ATICLE V INITIAL OFFICERS AND/OR DI ame and Title: Olga Sanchez / President	TRECTORS Name and Title:	walanda Davis/Recordi	ag Secretory	year te
CTICLE V INITIAL OFFICERS AND/OR DI ame and Title: 6319 NW 24th Place	**************************************	ualanda Davis/Recordir	ag Secretory	year te
ame and Title: Olga Sanchez / President ddress 6319 NW 24th Place Miami, FL 33142 Nena Malloy/Vice President	Name and Title: Y	ualanda Davis/Recordir 319 NW 24th Place	ag Secretary	year te
ame and Title: Olga Sanchez / President 6319 NW 24th Place Miami, FL 33142 Nena Malloy/Vice President 6319 NW 24th Place	Name and Title: Y	ualanda Davis/Recordir 319 NW 24th Place (iami, FL 33142	ag Secretary	year te
ame and Title: Olga Sanchez / President 6319 NW 24th Place Miami, FL 33142 Nena Malloy/Vice President 6319 NW 24th Place	Name and Title: Y	ualanda Davis/Recordir 319 NW 24th Place (iami, FL 33142 orothy Griffin/Correspo	ag Secretary	year te
ame and Title: Olga Sanchez /President 6319 NW 24th Place Miami, FL 33142 Nena Malloy/Vice President 6319 NW 24th Place	Name and Title: Y	ualanda Davis/Recordir 319 NW 24th Place liami, FL 33142 corothy Griffin/Correspo	ag Secretary	year te
ame and Title: Olga Sanchez / President 6319 NW 24th Place Miami, FL 33142 Nena Malloy/Vice President 6319 NW 24th Place Miami, FL 33142 Vyonna Stratford / Transurer	Name and Title: Y Y	ualanda Davis/Recordir 319 NW 24th Place (iami, FL 33142 corothy Griffin/Correspondent) 319 NW 24th Place (iami, FL 33142	ng Secretary	year te
ame and Title: Colga Sanchez / President	Name and Title: Y Y	ualanda Davis/Recordir 319 NW 24th Place liami, FL 33142 corothy Griffin/Correspo	ng Secretary	year te

Name and Title:		Name and Title:		
Address _	*	Address:		
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Name and Title:		Name and Title:		
Address		Address:		
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ADTICLE LA	PEGIGUEDAN CONT			
	<u>REGISTERED AGENT</u> <u>lorida street address</u> (P.O. Box NO '	Γ acceptable) of the registered agent is:		
Name:	Olga Sanchez			
Address:	6319 NW 24th Place		SEC ALL	17 F
	Miami, FL 33142		AHAS TA	F1L
			SEC.	
ARTICLE VII	INCORPORATOR ddress of the Incorporator is:		E. FLORIDA	X
The hame and a	Olga Sanchez		9RA	2: -
Name:			Ö.E.	9
Address:	6319 NW 24th Place	<u> </u>		
	Miami, FL 33142	 .		
	EFFECTIVE DATE:	(OPTIO	NAT \	
(If an effective of after the filing.)	late is listed, the date must be spec	ific and cannot be more than five bu	usiness days prior or 90 bu	isiness days
	e inserted in this block does not meet tive date on the Department of State	the applicable statutory filing requirer	ments, this date will not be	listed as the
		ervice of process for the above stated ment as registered agent and agree to	act in this capacity	Ü
	Required Signature of Reg		1 - 24 - Date	2017
		-		
I submit this doc to the Departmen	nt of State constitutes a third degree;	d herein are true. I am aware that an Selony as provided for in s.817.155, F	y false information submitte S.	ed in a documen
	Danch 3	,	1-24-	-2017
	Required Signature o	Incorporator	1 - 24 - Date	