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TALLAHASSEE, FLORIDA

π 02/24/17

COVER LETTER

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

SUBJECT: Peters Plaza Tenant Council, 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: Arlene D. Graham
Name (Printed or typed)

191 N.E. 75th St. #215
Address

Miami, FL - 33138.
City, State & Zip

(786) 556 - 7867
Daytime Telephone number

arlene.graham305@gmail.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:

Peters Plaza Tenant Council, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

191 N.E. 75th St #215

Miami, FL 33138

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To advocate for the economic,
educational, and social opportunities of residents
of Peters Plaza Residents.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Initial by
popular vote held every (3) years.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Arlene D. Graham

Address:

191 N.E. 75th St. #215

Miami, FL 33138.

Name and Title:

Armando Del Pozo

Address:

191 N.E. 75th St. #616

Miami, FL 33138.

Name and Title:

Wynne Fred Eastman

Address:

191 N.E. 75th St. #603

Miami, FL 33138

Name and Title:

Lillian Ross

Address:

191 N.E. 75th St. #510

Miami, FL 33138

Name and Title:

Address:

Name and Title:

Address:

Martha Bazar

191 N.E. 75th St. #306

Miami, FL 33138

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: ✓ Celine D. Graham

Address: 191 N.E. 75th St #215

Miami FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ✓ Celine D. Graham

Address: 191 N.E. 75th St #215

Miami FL 33138

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 days prior or 90 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

✓ Celine D. Graham
Required Signature of Registered Agent

12-7-16
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.

✓ Celine D. Graham
Required Signature of Incorporator

12-7-16
Date

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TALLAHASSEE FLORIDA