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TALLAHASSEE FLORIDA

K 02/24/17

COVER LETTER

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

SUBJECT: Liberty Square Resident Association, 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: Crystal Corner
Name (Printed or typed)

6516 NW 12th Court
Address

Miami, FL 33147
City, State & Zip

786-250-8940
Daytime Telephone number

Crystal5882@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: Liberty Square Resident Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address.

Mailing address, if different is:

6516 NW 12th Court

Miami, Florida 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To advocate for the social, educational and economic
opportunities of residents of the development.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Initial by
popular vote. Elections are held every three (3) years.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Crystal Corner, President Name and Title: Joyce Fleming, Vice President

Address 6516 NW 12th Court Address: 1339 NW 68th Street

Miami, FL 33147 Miami, FL 33147

Name and Title: Dorothy Edmonds, Treasurer Name and Title: _____

Address 6319 NW 13th Place Address: _____

Miami, FL 33147

Name and Title: Mildred Collier, Correspondence Secretary Name and Title: _____

Address 6346 NW 14th Court Address: _____

Miami, FL 33147

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CLERK OF DISTRICT COURT
TALLAHASSEE
FLORIDA

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: Crystal Corner, President _____

Address: 6516 NW 12th Court _____

Miami, FL 33147 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Crystal Corner, President _____

Address: 6516 NW 12th Court _____

Miami, FL 33147 _____

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.

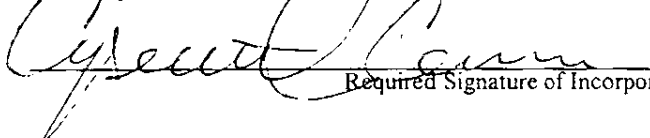
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

1/23/17
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

1/23/17
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA