

N17000003193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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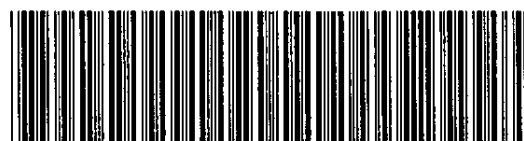
(Business Entity Name)

(Document Number)

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17 MAR 24 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 24 2017

T SCHROEDER

COVER LETTER

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

SUBJECT: US and JAMAICA HUMANITARIAN PROJECT
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC.

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: Claudette Kennedy
Name (Printed or typed)
4501 NW. 24th. St.
Address
Lauderhill FL 33313
City, State & Zip
954-673-9667
Daytime Telephone number
Clakendy@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: U.S. AND JAMAICA HUMANITARIAN PROJECT INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4501 NW 24th Street
Lauderhill FL 33313

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation is organized exclusively for
Charitable, religious, educational, and
Scientific purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

At a board meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudette Kennedy P

Address: 4501 NW 24th St.
Lauderhill FL
33313

Name and Title: Carol Williams D

Address: 82 Spinning Wheel Lane
Tamarac FL 33319

Name and Title: Alexander Bailey D

Address: 2382 SE
Seamest St Port St.
Lucie FL 34953

Name and Title: Osbourne Pringle D

Address: Shrewsbury
Petersfield P.O.
Westmoreland P.O.

Name and Title: Violet Campbell D

Address: 4400 NW 45th Ave
Tamarac FL
33319

Name and Title: J.A. WI

Address: _____

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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:

Claudette Kennedy

Address:

4501 NW. 24th Street
Lauderhill FL 33313

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

Claudette Kennedy

Address:

4501 NW. 24th Street
Lauderhill FL 33313

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

Claudette Kennedy _____
Required Signature of Registered Agent

3/22/17
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.

Claudette Kennedy _____
Required Signature of Incorporator

3/22/17
Date

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TALLAHASSEE, FLORIDA