

N17000008924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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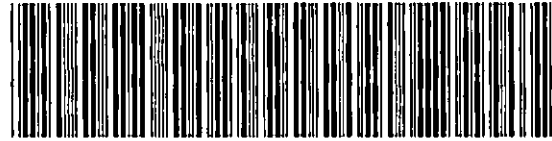
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

08/29/17

## COVER LETTER

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

**SUBJECT:** South Florida Letter Carriers Holding Corporation

(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:** Jeffrey C. Roth  
\_\_\_\_\_  
Name (Printed or typed)

866 South Dixie Highway  
\_\_\_\_\_  
Address

Coral Gables, FL 33146  
\_\_\_\_\_  
City, State & Zip

305-662-4141  
\_\_\_\_\_  
Daytime Telephone number

jeff@rothandscholl.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: South Florida Letter Carriers Holding Corporation

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
14361 Commerce Way, Suite 203  
Miami Lakes, FL 33016

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized exclusively for charitable and educational  
purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as now enacted or hereafter amended,  
including, for such purposes, the making of distributions to organizations that also qualify as Section 501(c)(3) exempt organizations.  
This includes, but is not limited to providing benefits and services to or for members of the Tropical Letter Carriers Holding  
Corporation which is another exempt organization under Section 501(c)(3) of the Internal Revenue Code. All funds, whether income  
or principal, and whether acquired by gift of contribution or otherwise, shall be devoted to said purposes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The Directors will be  
elected at an annual meeting called for that purpose.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Billie Nutter - President/Director</u>	Name and Title:	<u>Paul Lchoux-Director</u>
Address	<u>19616 Bob O Link Drive</u> <u>Hialeah, FL 33015</u>	Address:	<u>10201 NW 24 Court</u> <u>Sunrise, FL 33222</u>
Name and Title:	<u>Matthew Rose- Director</u>	Name and Title:	<u>Javier Rodriguez -Secretary/Director</u>
Address	<u>129 Ashby Cove Lane</u> <u>New Smyrna Beach, FL 32168</u>	Address:	<u>12418 NW 7 Lane</u> <u>Miami, FL 33182</u>
Name and Title:	<u>Maria Masson - Director</u>	Name and Title:	<u>Eugenio Perez - Treasurer/Director</u>
Address	<u>2291 NW 30 Street</u> <u>Miami, FL 33142</u>	Address:	<u>6501 SW 7 Street</u> <u>Pembroke Pines, FL 33023</u>

Name and Title: Michael Gill - Vice President/Director Name and Title: \_\_\_\_\_

Address: 18682 SW 93 Court Address: \_\_\_\_\_

Cutler Bay, FL 33157 \_\_\_\_\_

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: Jeffrey C. Roth

Address: 866 South Dixie Highway

Coral Gables, FL 33146

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Billie Nutter

Address: 19616 Bob O Link Drive

Hialeah, FL 33015

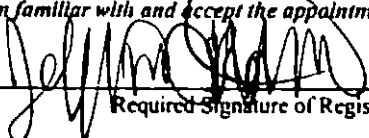
**ARTICLE VIII EFFECTIVE DATE:**

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

08/24/17  
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.*

  
Billie Nutter Required Signature of Incorporator

08-23-2017  
Date