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(Address)

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(City/State/Zip/Phone #)

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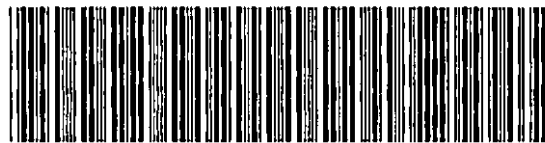
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SEP 26 AM 9:16  
2017

## COVER LETTER

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

SUBJECT: Community Women In Action, 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: MALVERN MATHIS  
Name (Printed or typed)

3321 N.W. 209 St.  
Address

MIAMI GARDENS, FL 33056  
City, State & Zip

305-624-6822  
Daytime Telephone number

Communitywomeninaction@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: Community Women In Action, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

3321 N.W. 20<sup>th</sup> St.

MIAMI GARDENS, FL 33056

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide aid and outreach to abused women and children & help build self-esteem, to reach out and assist homebound persons, build community through financial & spiritual support.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Elections to be held every two years.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MALVERN MATHIS, President Name and Title: Janis Sanders, Treasurer

Address: 3321 N.W. 20<sup>th</sup> St. Address: 17130 N.W. 16<sup>th</sup> Ave.  
MIAMI GARDENS, FL 33056 MIAMI GARDENS, FL 33169

Name and Title: Sharon Andersen, Secretary Name and Title: \_\_\_\_\_

Address: 2731 N.W. 50<sup>th</sup> St. Address: \_\_\_\_\_  
MIAMI, FL 33136

17 SEP 25 AM 9:16  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
CLERK

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: MALVERN V. MATHIS

Address: 3321 N.W. 207 St.  
MIAMI GARDENS, FL 33056

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MALVERN V. MATHIS

Address: 3321 N.W. 207 St.  
MIAMI GARDENS, FL 33056

*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*

Malvern V. Mathis  
Required Signature of Registered Agent

9/20/2017  
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.*

Malvern V. Mathis  
Required Signature of Incorporator

9/20/2017  
Date