## N18000001234

(Requestor's Name)					
(Address)					
(Ad	dress)	<del></del>			
(Cit	ry/State/Zip/Phone	: #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

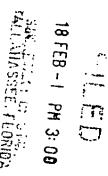
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## **COVER LETTER**

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

	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)		
ed is an original :	and one (1) copy of the Ar	ticles of Incorporation and	a check for:		
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certified Cog & Certificate		
		ADDITIONAL CO	PY REQUIRE		
FROM:	Arthur Spicer		_		
	Name (Printed or typed)				
	2200 NW 54th Street #1710	1			
	Address				
	Miami, F1, 33142				
	City, State & Zip				
	786-953-8215				

NOTE: Please provide the original and one copy of the articles.

## In compliance with Chapter 617, F.S., (Not for Profit) The name of the corporation shall be: WARD TOWERS 1 RESIDENT COUNCIL, INC. ARTICLE II PRINCIPAL OFFICE Principal street address: Mailing address, if different is 2200 NW 54th Street #1710 Miami, FL 33142 The purpose for which the corporation is organized is: <u>ARTICLE III PURPOSE</u> residents of Ward Towers 1 <u> ARTICLE V — INITIAL OFFICERS AND/OR DIRECTORS</u> Name and Title: Arthur Spicer /President Name and Title: Louella Wallace Corresponding Sec. 2200 NW 54th Street #1710 2200 NW 54th Street #603 Address \_\_ Address: Mianii, FL 33142 Miami, FL 33142 Rosa Parks/Vice President Loyce Davis/Recording Secretary Name and Title: Name and Title: 2200 NW 54th Street #506 2200 NW 54th Street, #807 Address Address: Mianii, FL 33142 Miami, FL 33142 Name and Title:\_Kathryn Jones Treasurer Name and Title:\_\_\_\_ 2200 NW 54th Street #906 Address \_\_\_ Address: Miami, FL 33142

ARTICLES OF INCORPORATION

Name and Title:		Name and Title:			
Address _		Address:			
_	<u> </u>			<del></del>	
_		_			
Name and Title:		Name and Title:			
_				···	
<del></del>	· · · · · · · · · · · · · · · · · · ·	_		<del></del>	
ARTICLE VI	REGISTERED AGENT				
The name and F	lorida street address (P.O. Box NOT acce	otable) of the register	red agent is:		
Name:	Arthur Spicer				
Address:	2200 NW 54th ST. #1710				
	Miami, FL 33142		3 FEB		
				901 1 mm	
ARTICLE VII	INCORPORATOR				
The <u>name and ac</u>	Idress of the Incorporator is:			·; —	
Name: Address:	Arthur Spicer		- See - Se		
	2200 NW 54th ST. #1710			>	
	Miami, FL 33142				
ARTICLE VIII Effective date, if	EFFECTIVE DATE: other than the date of filing:		(OPTHON: ALL)		
(If an effective of after the filing.)	late is listed, the date must be specific an	d cannot be more t	han five business o	lays prior or 90 business days	
Note: If the date document's effec	inserted in this block does not meet the aptive date on the Department of State's reco	plicable statutory fil rds.	ing requirements, th	his date will not be listed as the	
Having been nar certificate, I am f	ned as registered agent to accept service ( familiar with and accept the appointment a	s registered agent an	bove stated corpora ad agree to act in the	tion at the place designated in this is capacity	
	Required Signature of Registered	<del> </del>	_	9-26-17 Date	
	/				
I submit this doci to the Departmen	ument and affirm that the facts stated here it of State constitutes a third degred felony o	in are true. I am awa is provided for in s.8	ore that any false ir 317.155, F.S.	formation submitted in a document	
				9-14-17	
	Kequired Signature of Incorp	porator	_	9-76-17 Date	