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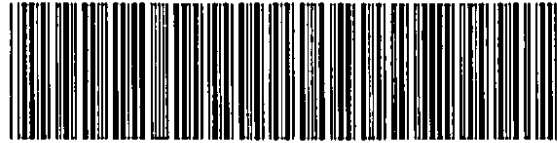
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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Robert King High Council, 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: MARIA Campos  
Name (Printed or typed)

1405 N.W. 7th St. Apt. 920  
Address

Miami, FL 33125  
City, State & Zip

(305) 496-7488  
Daytime Telephone number

MTcampos1937@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: Robert King High Council, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1403 NW. 7 Th St., Suite 112

Miami, Florida 33125

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To advocate for the social, educational, and economic opportunities of resident of Robert King High elderly public housing development.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: elected every 3 years.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Campos, Maria - President.

Address: 1403 NW 7th Street., Suite 112  
Miami, Fl. 33125.

Name and Title: Rojas, Haydee - Recording Secretary

Address: 1403 NW 7 th Street., Suite 112  
Miami, Fl. 33125

Name and Title: Pla, Lillian - Treasurer

Address: 1403 NW 7th Street., Suite 112  
Miami, Fl. 33125

Name and Title: Touler, Lillian

Address: 1403 NW 7th Street., Suite 112  
Miami, Fl. 33125

Name and Title: Perez, Nivio - Vice President

Address: 1403 NW 7th Street., Suite 112  
Miami, Fl. 33125

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

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

FILED  
STATE OF FLORIDA  
TALLAHASSEE

18 FEB - 8 PM 3:12

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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: Campos, Maria

Address: 1403 N.W. 7th. Street.

Miami, Florida 33125.

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Campos, Maria

Address: 1403 N.W. 7th. Street

Miami, Florida 33125.

**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

Maria T. Campos  
Required Signature of Registered Agent

1-18-2018  
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.

Maria T. Campos  
Required Signature of Incorporator

1-18-2018  
Date

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