

N18 000 002 483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

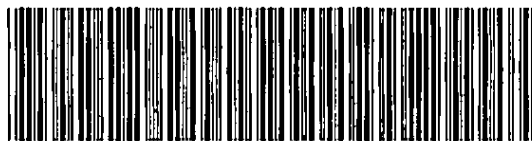
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100309479221

03/01/18--01024--001 **87.50

FILED
18 MAR -1 PM 5:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

MAR 07 2018

COVER LETTER

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

SUBJECT: NORWOOD/NORLAND CRIME PREVENTION, 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: RITA PIERRE

Name (Printed or typed)

1000 NW 197th TER

Address

MIAMI GARDENS, FL.. 33169

City, State & Zip

305-654-9367

Daytime Telephone number

ngibrill@yahoo.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: NORWOOD/NORLAND CRIME PREVENTION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1000 NW 197Th TER

MIAMI GARDENS

FL., 33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: As a crime prevention group, we are the eyes and ears of our police
department, zoning and code enforcement to assist in the safety and well being of our community and neighborhood. In addition,
we serve as a platform for our city officials and any other government entity to disseminate information to our community and to keep
them abreast and updated on anything that's in the greater good for our residents.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: by majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RITA PIERRE Name and Title: PRESIDENT

Address: 1000 NW 197th TER Address: _____
MIAMI GARDENS, FL., 33169

Name and Title: NAFISA GIBRILL Name and Title: VICE PRESIDENT

Address: 1261 NW 195th ST Address: _____
MIAMI GARDENS, FL., 33169

Name and Title: VIVETTE INGRAM Name and Title: SECRETARY

Address: c/o 1000 NW 197th ter Address: _____
MIAMI GARDENS, FL., 33169

SECRETARY
TALLAHASSEE, FLORIDA

18 MAR - 1 PM 5:31

FILED

48

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: RITA PIERRE
Address: 1000 NW 197th TER
MIAMI GARDENS, FL., 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RITA PIERRE
Address: 1000 NW 197th TER
MIAMI GARDENS, FL., 33169

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/01/2018 (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

Rita Pierre
Required Signature of Registered Agent

02/01/2018

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.

Rita Pierre
Required Signature of Incorporator

02/01/2018

Date

FILED
18 MAR - 1 PM 5:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

