| 18000 | 1007799 |
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| (Requestor's Name) | |

| (Address) |
|---|
| (Address) |
| (City/State/Zip/Phone #) |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| Office Use Only |

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T. SCOTT

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COVER LETTER

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

PH Recreation Committee Corp

SUBJECT: __

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

EIN: 35-2629095

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

S70.00 Filing Fee

S78.75 Filing Fee & Certificate of Status S78.75 Filing Fee & Certified Copy ■ \$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

Ms Alice Braun FROM:

Name (Printed or typed)

405 N Ocean Blvd, Apt 801

Address

Pompano Beach FL 33062

City, State & Zip

954-941-2120

Daytime Telephone number

aliceb2@comcast.net

E-mail address: (to be used for future annual report notification)

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

| ARTICLEI | | h Chapter 617, F.S., (Not for Profit) | |
|--|--|--|--|
| | he corporation shall be: | nmittee Corp | |
| <u>ARTICLE II</u> | PRINCIPAL OFFICE | | |
| 405 | Principal <u>street</u> address: N Ocean Blvd | Mailing add Ms. Alice Braun | dress, if different is: |
| Por | npano Beach, FL 33062 | 405 N Ocean Blvd A | Apt 801 |
| | | Pompano Beach, Fl | L 33062 |
| • • | IPURPOSE for which the corporation is organized is: inium in order to purchase items for our b | open a bank account for a volur | |
| | es, holiday parties, picnics, and other spec | | |
| | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
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| | | | By volunteer & vote |
| <u>ARTICLE II</u> | <u>MANNER OF ELECTION</u> The manne | er in which the directors are elected as | By volunteer & vote nd appointed: |
| <u>ARTICLE II</u> | <u>MANNER OF ELECTION</u> The manne | er in which the directors are elected a | nd appointed: |
| <u>ARTICLE II</u> | | | nd appointed: |
| | INITIAL OFFICERS AND/OR DIRECT | | |
| <u>ARTICLE V</u> Name and Ti | INITIAL OFFICERS AND/OR DIRECT | ORS Name and Title: | |
| <u>ARTICLE V</u> | INITIAL OFFICERS AND/OR DIRECT | <i>ORS</i> Name and Title: | |
| <u>ARTICLE V</u> Name and Ti | INITIAL OFFICERS AND/OR DIRECT Alice Braun, Treasurer 405 N Ocean Blvd, Apt 801 Pompano Beach, FL 33062 | <i>ORS</i> Name and Title: | |
| <u>ARTICLE V</u> Name and Ti | INITIAL OFFICERS AND/OR DIRECT Alice Braun, Treasurer 405 N Ocean Blvd, Apt 801 Pompano Beach, FL 33062 Janice Marenic, Associate Treasurer the | <i>ORS</i> Name and Title: | |
| <u>ARTICLE V</u> Name and Ti Address | INITIAL OFFICERS AND/OR DIRECT Alice Braun, Treasurer 405 N Ocean Blvd, Apt 801 Pompano Beach, FL 33062 Janice Marenic, Associate Treasurer tte: 405 N Ocean Blvd, Apt 211 | <u>ORS</u> _ Name and Title: Address: | TALLAH |
| <u>ARTICLE V</u> Name and Ti Address Name and Ti | INITIAL OFFICERS AND/OR DIRECT Alice Braun, Treasurer 405 N Ocean Blvd, Apt 801 Pompano Beach, FL 33062 Janice Marenic, Associate Treasurer the | ORS Name and Title: Address: | INTE ARY D |
| <u>ARTICLE V</u> Name and Ti Address Name and Ti Address | INITIAL OFFICERS AND/OR DIRECT Alice Braun, Treasurer 405 N Ocean Blvd, Apt 801 Pompano Beach, FL 33062 Janice Marenic, Associate Treasurer 405 N Ocean Blvd, Apt 211 Pompano Beach, FL 33062 Doris Both, Chairperson | ORS Name and Title: Address: | Induction and the second secon |
| <u>ARTICLE V</u> Name and Ti Address Name and Ti | INITIAL OFFICERS AND/OR DIRECT Alice Braun, Treasurer 405 N Ocean Blvd, Apt 801 Pompano Beach, FL 33062 Janice Marenic, Associate Treasurer 405 N Ocean Blvd, Apt 211 Pompano Beach, FL 33062 Doris Both, Chairperson | ORS Name and Title: Address: | SECRE ARY OF ALLAHASSEE FOR |

· · · · · · ·

| 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: | Alice Braun | | |
|-------------|--|--|--|
| Address: | 405 N Ocean Blvd, #801 | | |
| ruuress. | Pompano Beach, FL 33062 | | |
| | <u>INCORPORATOR</u> address of the Incorporator is: | | |
| Name: | Alice Braun | | |
| Address: | 405 N Ocean Blvd, #801 | | |
| 7.1201-033. | Pompano Beach, EL 33062 | | |

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of tiling: ____

(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.)

_____ (OPTIONAL)

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

7/13/18 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.

Required Signature of Incorporator

7/13/18