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COVER LETTER

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

rowns VIlle Improvement Association 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: Neal Adams Jr.
Name (Printed or typed)

4130 N.W. 23 Ct.
Address

Madams 2511@avl. 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)

The name of the corporation shall be: Brownsville Imp	rovement Association, In	, IG	30 % 20 %
ARTICLE II PRINCIPAL OFFICE	,	::	7 - 7
Principal <u>street</u> address: 4130 N.W. 23 Ct.	Mailing address, if different is:	11.7 12.7 12.7	PI: 2
Miami FL 33142			-
ARTICLE III PURPOSE	<i>II</i>		0.74
The purpose for which the corporation is organized is: To promote			
Brownsulk community to provide housing a	nd business opportunities, t	D pro	on de
voter registration voting and participation			
provide mentoring, education, training and ac			
disabled poor, needy, homeless, to enwurag	ie green building and to	n serv	ation
of our natural resources, To reduce crime	, To encourage free spec	ch T	v do
anything permitted by chapter 617.		<u> </u>	
ARTICLE IV MANNER OF ELECTION The manner in which the dir	ectors are elected and appointed:		_
As Stated By The Bylaws			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS			
Name and Title: Neal Adams Jr. (P) Name and Title	s:		
Address 4130 NW23ct Address:			
Miami, FL 33142			
Name and Title: (hristophus Thomas (VP) Name and Title		,	
	` <u> </u>		
Address <u>2821 NW. 495+</u> Address: <u>Miami</u> FL 33142			
Name and Title: Orien Adams (5,7) Name and Title			
Address 2939 NW-48 Terr. Address:			
Miami, FL 33/42			
1111111/			

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Name and Title	:	_ Name and Title:		
Address		Address:		_
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Name and Title		Name and Title:	•	P
Address		1		72:
Address		Address:		. Σ
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	•			
ARTICLE VI	REGISTERED AGENT			
The <u>name and F</u>	lorida street address (P.O. Box NOT accep	otable) of the registered age	ent is:	
Name:	Neal Hoams	dr.		
Address:	4130 NW. 23C	<i>T</i> .		
	Miami, FL 331	42		
	INCORPORATOR			
	Idress of the Incorporator is:	, ,		
Name:	Wear Haams of	<u></u>		
Address:	9130 NW.23 CT.			
	Miami, FL. 3314	2		
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if		. (OP	TIONAL)	L. CV.
(11 an enective u	ate is usted, the date must be specific and	cannot be more than ilv	e days prior or 90 days after ti	ne nung.)
Note: If the date	inserted in this block does not meet the app.	licable statutory filing requ	uirements, this date will not be li	sted as the
	ive date on the Department of State's record		,	
Havino haan nan	ed as registered agent to accept service of	Truncass for the above st	atad nomenation to the along the	-in-a-th-at-
certificate, I am fa	miliar with and accept the appointment as i	registered agent and agree	to act in this capacity	signatea in this
Meal	adami On		117-9-10	
	Mulms Ag Required Signature of Registered A	gent	10-9-18 Date	
submit this docu	ment and affirm that the facts stated herein	are true. I am aware that	any false information submitted	in a document
	of State constitutes a third degree felony as		F.S.	
Wal al	Required Signature of Incorpo		10-9-18 Date	
	'// Required Signature of Incorpo	rator	Date	