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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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W1800083814
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T. SCOTT



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2018

JEANETTE ALSTON-WATKINS P.O. BOX 30416 FORT LAUDERDALE, FL 33303

SUBJECT: NAWIC, FORT LAUDERDALE CHAPTER 78 Ref. Number: W18000083814

We have received your document for NAWIC, FORT LAUDERDALE CHAPTER 78 and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 118A00019525

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

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SUBJECT:	AUDERDAUE, CHAPIER 78
·	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

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

5 \$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

JEANETTE ALSTON-WATKINS FROM:

Name (Printed or typed)

NAWIETCHAPHER 78, POBOX 80416

Address

City, State & Zip

786-427-3948

Daytime Telephone number

JALSTONWATKINS@SOPREMA.US

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

ARTICLE II PRINCIPAL OFFICE

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S	Principal <u>street</u> address: OPREMA	P.C	ت Mailing address, if different is BOX 30416	2316 OCT	
29	000 CENTER PORT CIRCLE	FO	FORT LAUDERDALE, FL 33303		
P	OMPANO BEACH, FL 33064			PH 2	
ARTICLE	III PURPOSE e for which the corporation is organized is:				
• •	for their mutual benefit women who are	actively employed	in the various phases of the cons	truction	
industry.				· · · · · · · · · · · · · · · · · · ·	
2. to prom	ote cooperation, fellowship and a better	understanding amo	ong members of the association.	<u></u>	
3. to prom	ote education and contribute to the bette	rment of the const	ruction industry		
4. to enco	urage women to pursue and establish the	eir careers in the c	onstruction industry: and		
5.to provid	le members an awareness of the legislat	ive process and le	gislation as it relates to the constr	uction industry	
<u>ARTICLE</u>	JEANETTE ALSTON-WATKINS		CHRISTINA SALLEY		
Name and 3	Fitle:PRESIDENT	Name and Title	SECRETARY		
Address	2900 CENTER PORT CIRCLE	Address:	4700 SW 51ST ST #217		
	POMPANO BEACH, FL 33064	_	DAVIE, FL 33314		
Name and 1	MARIANA RUSSELL	Name and Title			
Address	VICE PRESIDENT	Address:	DIRECTOR		
Address	11740 BERRY DRIVE		1401 EAST BROWARD BLVD		
	COOPER CITY, FL 33026		FORT LAUDERDALE, FL 33301		
Name and 1	Title:	Name and Title	REGINA DURAND		
Address	TREASURER	Address:	DIRECTOR		
	3310 SE 6TH AVE		708 SOUTH ANDREWS AVE	_	
	FORT LAUDERDALE, FL 33316		FORT LAUDERDALE, FL 33316		

Name and Title Address	Tracy Deal DIRECTOR 3269 Carambola Cir S Coconut Creek, FL 3306	Name and Title Address:	Christina C. Harris DIRECTOR 5105 Johnson Rd Coconut Creek, FL 33(
Name and Title Address			
ARTICLE VI The name and Name: Address:	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accep Jeanette Alston-Watkir 2900 Center Port Circl Pompano Beach, FL 3	e	stered agent is:
ARTICLE VII The <u>name and</u> Name: Address:	INCORPORATOR address of the Incorporator is: Jeanette Alston-Watkir 2900 Center Port Circ Pompano Beach, FL 3	le	
(If an effective <u>Note:</u> If the da	te inserted in this block does not meet the ap	d cannot be mor	(OPTIONAL) Te than five days prior or 90 days after the filing.) T filing requirements, this date will not be listed as the
Having been n certificate, I am	ective date on the Department of State's recon amed as registered agent to accept service of a familiar with and accept the appointment as WAMAM - Wattures -	of process for th s registered agen	

 \Box 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.

Sarette	Alston-Walkers - President
\mathcal{O}	Required Signature of Incorporator

Required Signature of Registered Agent

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10/15/18 Date

Date