

NB000011419

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2018 NOV -8 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 13 2018

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COVER LETTER

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

SUBJECT: DOMINICAN-AMERICAN ARCHITECT'S 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: NELFA CHEVALIER

Name (Printed or typed)

9600 SW 9TH COURT

Address

PEMBROKE PINES, FLORIDA 33025

City, State & Zip

954-226-3868

Daytime Telephone number

dominicanameassarchitects@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: DOMINICAN-AMERICAN ARCHITECT'S ASSOCIATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
9600 SW 9TH COURT

PEMBROKE PINES, FLORIDA 33025

Mailing address, if different is _____

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

This partnership is being created in order to bring together all the professional Dominican and American architects to socially and cordially share ideas and projects that can benefit all those involved in the area of architecture. This includes lectures, conferences, courses, seminars, group presentations and diverse activities that contribute to the union, relationship, communication, in training of all members.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BY VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NELFA CHEVALIER/PRESIDENT Name and Title: _____

Address: 9600 SW 9TH COURT Address: _____
PEMBROKE PINES, FLORIDA 33025

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: NELFA CHEVALIER

Address: 9600 SW 9TH COURT

PEMBROKE PINES, FL 33025

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: NELFA CHEVALIER

Address: 9600 SW 9TH COURT

PEMBROKE PINES, FL 33025

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1st, 2019 (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

Required Signature of Registered Agent

11-03-2018

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.

Required Signature of Incorporator

11-03-2018

Date