

N190000010593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 SEP 24 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FL

N CULLIGAN

OCT 8 2019

COVER LETTER

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

SUBJECT: Victory Homes Tenant Council 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: Maxine Mason
Name (Printed or typed)

529 NW 73rd Terrace
Address

Miami, FL 33150
City, State & Zip

786-222-1400
Daytime Telephone number

VictoryhomesCommunityCenter@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: Victory Homes Tenant Council Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

529 NW 73rd Terrace
Miami, FL 33150

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To advocate for the social,
educational and economic opportunities of residents of
the development.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Initial
popular vote. Elections are held every three (3) years

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maxine Mason, President Name and Title: Cindy Cross, Vice-President

Address: 529 NW 73rd Terrace Address: 630 NW 72nd Lane
Miami, FL 33150 Miami, FL 33150

Name and Title: Joyce Cotton, Treasurer Name and Title: Daisy Soto, Recording Secretary

Address: 570 NW 73rd Terrace Address: 531 NW 73rd Lane
Miami, FL 33150 Miami, FL 33150

Name and Title: Mary Ann Walker, ^{Corresponding} Secretary Name and Title:

Address: 500 NW 73rd Terrace Address:
Miami, FL 33150

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: Maxine Mason

Address: 529 NW 73rd Terrace

Miami, FL 33150

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maxine Mason

Address: 529 NW 73rd Terrace

Miami, FL 33150

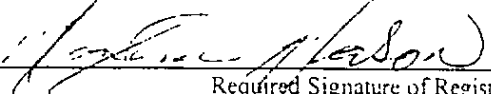
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

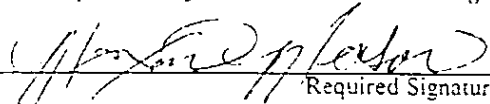
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6-20-19
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

6-20-19
Date

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