

U19000010933

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(Business Entity Name)

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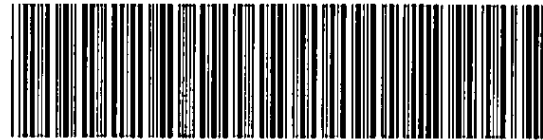
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10/03/19--01007--014 **78.75

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-03-19 BY 60322
19 OCT -3 PM 2:42

COVER LETTER

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

SUBJECT: Lemon City Tenant 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
☐ \$81.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Eric Griffin
Name (Printed or typed)

150 NE 69th Street, #311
Address

Miami, FL 33138
City, State & Zip

786-277-4258
Daytime Telephone number

Eric.Griffin72@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: Lemon City Tenant Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

150 NE 69th Street, #301
Miami, FL 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To advocate for social,
educational, and economical opportunities of
residents of Lemon City.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elections
by vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eric Griffin, President Name and Title: Samuel Smith, Vice-President

Address: 150 NE 69 St, # 311 Address: 150 NE 69 St, # 414
Miami, FL 33138 Miami, FL 33138

Name and Title: Rose Deantignac, ^{Rec.} sec. Name and Title: Cynthia Jackson, ^{Corresp.} sec.

Address: 150 NE 69 St, # 415 Address: 150 NE 69 St, # 408
Miami, FL 33138 Miami, FL 33138

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: Eric Griffin

Address: 150 NE 69 St, #311
Miami, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eric Griffin

Address: 150 NE 69 St, #311
Miami, FL 33138

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19 OCT -3 PM 2:42
TALLAHASSEE, FL 32302

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

Eric Griffin

Required Signature of Registered Agent

9/18/19
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.

Eric Griffin

Required Signature of Incorporator

9/18/19
Date