

N19000011877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

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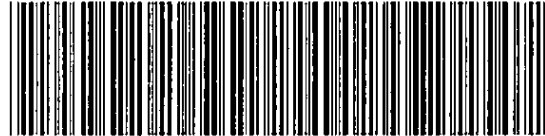
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

NOV 15, 2019

COVER LETTER

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

SUBJECT: Florida Consumer Alliance, 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: Natalie Kato

Name (Printed or typed)

315 South Calhoun Street Suite 830

Address

Tallahassee, FL 32301

City, State & Zip

850-692-5159

Daytime Telephone number

nkato@llw-law.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: Florida Consumer Alliance, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
888 S Andrews Ave

#201

Fort Lauderdale, FL 33316

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Promotion of social welfare under 501(c)(4) of the Internal Revenue Code by educating the public to advance progressive economic and socail policy. No part of the net earnings of the corporation will inure the members benefit.

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ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

will be provided in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Haber

Address: 888 S Andrews Ave

#201

Fort Lauderdale, FL 33316

Name and Title: _____

Address: _____

Name and Title: Jason Blank

Address: 888 S Andrews Ave

#201

Fort Lauderdale, FL 33316

Name and Title: _____

Address: _____

Name and Title: Matthew Meyers

Address: 888 S Andrews Ave

#201

Fort Lauderdale, FL 33316

Name and Title: _____

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: Natalie Kato
Address: 315 South Calhoun St Suite 830
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Natalie Kato
Address: 315 S Calhoun St Suite 830
Tallahassee, FL 32301

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
11/13/19
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
11/13/19
Date