	•• (ı				
		\sum				> 5
$\boldsymbol{\Lambda}$	Ŋ.	\mathcal{N}	000	YYY	(γ)	$\sum X$

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
	🗌 WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



000339203980 01/15/20--01003--011 ++37.50



SECRE ANY SESSIVE

•••

COVER LETTER

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

Coultion Commun SUBJECT: _ UFFIX)

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

□ \$70.00 Filing Fee S78.75 Filing Fee & Certificate of Status □\$78.75 Filing Fee & Certified Copy State State

ADDITIONAL COPY REQUIRED

FROM: ____ Noun & Ureen Name (Printed or Apred) 2005 M Lamar Que Sompa City, State & Zip 3) 538-3219 Daytime Telephone number E-mail address: (to be used for Viture annual report notification) Com

NOTE: Please provide the original and one copy of the articles.

ARTICL	ES OF	INCORP	ORATION.
--------	-------	--------	----------

· · · ·

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:	ARTICLE I The name of the	<u>NAME</u> re corporation shall be:	Chalition	8 Community	y larden	s.Anc.
Albo M. La Mar Que 	<u>ARTICLE II</u>	PRINCIPAL OFFICE		Q .	7.7	1 -
ARTICLE III			marrave	Mailing addres	s, if different is:	
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:		Tempa, F1 3	3162			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: DOD 5 An DAMAY AUL Address: Address DOD 5 An DAMAY AUL Address: DOD 5 An DAMAY AUL Address: DOD 5 An DAMAY AUL Address: DOD 5 An DOD ANDOD AN DOD AN DOD AN DOD ANDOD AN	<u>ARTICLE III</u> The purpose f <u>a net v</u> Shane Publy	<u>purpose</u> or which the corporation is organ Donk to support knowlegide an c polocies	ized is: _Coaliti Lommunity_	on by Commu hardening bu	inity yar ild mgras all for v	-dens_is_ trudune,_ clated
Name and Title: <u>Levia Yolung Lyreln</u> Name and Title: <u></u> Address <u>2005 A</u> <u>balmar Aut Address</u> : <u></u> Name and Title: <u>Catherine Wallau Dir</u> Name and Title: <u></u> Name and Title: <u>Catherine Wallau Dir</u> Name and Title: <u></u> Address <u>4902 A. Colling bane Address</u> : <u></u> <u></u> Name and Title: <u>Travis Ma Ito y Dir</u> Name and Title: <u></u> Name and Title: <u></u> Name and Title: <u></u> Name and Title: <u></u> <u></u> Name and Title: <u></u> <u></u> Name and Title: <u></u> <u></u> <u></u> Name and Title: <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>	<u>ARTICLE IV</u>	MANNER OF ELECTION	The manner in which th	e directors are elected and a	ppointed:	
Address				Title		
Name and Title: Cotherine Wallau Dir Name and Title: Name and Title: Address 49.02 M. Colling hand Address: Name and Title: Name and Title: Name and Title: Tompa F1.33.603 Tompa Name and Title: Transa Name and Title: Tompa Name and Title: Transa Name and Title: Tompa Name and Title: Transa Name and Title: Tompa Address 89.13 Bowles Address: Tompa Tompa Tompa Address: Tompa Tompa	Addross	2005 M Lar	ANC AN Address:			-
Address UGO2 M. Collinghane Address: Tampa F1 33603 Name and Title: Travis Ma No No Name and Title: Address Sq13 Bowles Rd Address: Tample Terrare	nuuress				ls.	22
Address UGO2 M. Colling hand Address: Tompa F133603 Name and Title: Travis Ma No V Dir Name and Title: Travis Ma No V Dir Name and Title: Travis Ma V Dir Name and Title:		Calle aning i fall.	Thi-	······		
Tampa F133603 IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				Title:		
Name and Title: Travis Ma 10 4 Dir Name and Title:	Address		+			
Address <u>8913 BDWLES R.J.</u> Address: Tomple Terran	NT	Their Miller	Diz			0 4
Tomple Terrare			-1.1.2			-
	Address					-
		Fl 33637	۸ <u>ــــــــــــــــــــــــــــــــــــ</u>			-

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:

Urlen Name: AMA Address: <u>331.02</u> mpa -ARTICLE VII _ INCORPORATOR

The name and address of the Incorporator is:

Name: Lena loune yree Address: 2005 M. Lamar O Sanpa PI 33605 TILEU DI JAN IL PH L: OL

<u>ARTICLE VIII _ EFFECTIVE DATE:</u>

Effective date, if other than the date of filing:

(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.)

_. (OPTIONAL)

<u>Note:</u> 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_p am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature of Registered Agent

1/14/20

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

1/14/2D