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12/23/19--01048--018 **78.75

COVER LETTER

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

SUBJECT: Jolivet Resident 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: Yualanda Davis
Name (Printed or typed)

6336 NW 24th Place
Address

Miami, FL 33147
City, State & Zip

786-975-7419
Daytime Telephone number

Yualanda Davis@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC 23 AM 7:16

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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: Jolivet Resdent Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6336 NW 24th Place

Miami, FL 33147

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV MANNER OF ELECTION

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yolanda Davis, President Name and Title: _____

Address: 6336 NW 24th Place Address: _____

Miami, FL 33147

Name and Title: Linda Edwards, Vice President Name and Title: _____

Address: 2430 NW 64th Street Address: _____

Miami, FL 33147

Name and Title: Yolanda Romer, Treasurer Name and Title: _____

Address: 6333 NW 25th Avenue Address: _____

Miami, FL 33147

SECRETARY OF STATE
TALLAHASSEE, FL

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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: Yualanda Davis

Address: 6336 NW 24th Place

Miami, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yualanda Davis

Address: 6336 NW 24th Place

Miami, FL 33147

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

Yualanda Davis

Required Signature of Registered Agent

12/5/19

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.

Yualanda Davis

Required Signature of Incorporator

12/5/19

Date

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SECRETARY OF STATE
TALLAHASSEE, FL

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