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COVER LETTER

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

SUBJECT: Miami-Dade County Overall Tenant Advisory Council, 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: Jessie Harris
Name (Printed or typed)

200 NW 55th Street, # 507
Address

Miami, FL 33127
City, State & Zip

786-378-2513
Daytime Telephone number

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: Miami-Dade County Overall Tenant Advisory Council, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

200 NW 55th Street, #507

Miami, FL 33127

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 developments.

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: Jessie Harris, President Name and Title: _____

Address: 200 NW 55th Street, #507 Address: _____
Miami, FL 33127

Name and Title: Crystal Corner, Vice-President Name and Title: _____

Address: 1410 NW 67th Street, #212 Address: _____
Miami, FL 33147

Name and Title: Herminia Leyva, Treasurer Name and Title: _____

Address: 750 NW 13th Avenue, #720 Address: _____
Miami, FL 33125

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: Jessie Harris
 Address: 200 NW 55th street, #507
Miami, FL 33127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jessie Harris
 Address: 200 NW 55th street, #507
Miami, FL 33127

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

Jessie Harris
 Required Signature of Registered Agent

1/13/2020
 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.

Jessie Harris
 Required Signature of Incorporator

1/13/2020
 Date