

6.11.18

N20000013558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

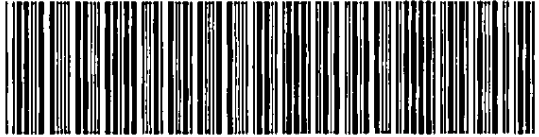
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

246
12/10/20



600355677126

12/01/20--01018--008 **78.75

564 DEC -1 PM 3:25

COVER LETTER

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

SUBJECT: Cathedral House, 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: Kay Williams-Dawson

Name (Printed or typed)

4128 NE 22nd Street

Address

Homestead, FL 33033

City, State & Zip

(305) 815-2327

Daytime Telephone number

cathedralhousekd@att.net

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: Cathedral House, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
9966 Hibicus Street

Miami, FL 33157

Mailing address, if different is:
PO Box 570303

Miami, FL 33257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized and operated exclusively for charitable
religious, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or corresponding
sections of any future tax code(s). Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes
within the meaning of Section 501(c) of the Internal Revenue Code, or corresponding sections of any future tax code(s), or shall be
distributed to the federal government, or to the state or local government for a public purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors are nominated
and a majority vote required of members present at the annual election meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronnie Griffin, President

Address: 3430 Florida Avenue
Miami, FL 33133

Name and Title: Margaret Williams, Vice President

Address: 4128 NE 22nd Street
Homestead, FL 33033

Name and Title: Tamia Spells, Secretary

Address: 4128 NE 22 Street
Homestead, FL 33033

Name and Title: Sallie Johnson, Treasurer

Address: 13801 SW 270th Street, Apt. C
Naranja, FL 33032

Name and Title: Kay Williams-Dawson, CEO

Address: 4128 NE 22nd Street
Homestead, FL 33033

Name and Title: _____

Address: _____

REC-1
DEC-1
PP-3:25

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: Kay Williams-Dawson
Address: 4128 NE 22nd Street
Homestead, FL 33033

DEC - 1 PM 3:26

ARTICLE VII INCORPORATOR

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

Name: Kay Williams-Dawson
Address: 4128 NE 22nd Street
Homestead, FL 33033


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 business days prior or 90 business 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

11/24/20
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

11/24/20
Date