

N20000013830

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000426476 3)))



H200004264763ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MIAMI JACKSON SR. HIGH CLASS OF 1978 CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

2020 DEC 15 PM 3:16

2020 DEC 15 PM 4:50

F-11 - 11

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Miami Jackson Sr. High
CLASS OF 1978 CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address:3621 SW 70 Avenue
MIRAMAR FL 33023

Mailing address, if different is:

same**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Fund Raising**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:By the bylaws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Rita Thomas - President

Name and Title:

Lauren Brown - Financial

Address

3621 SW 70 Avenue
MIRAMAR, FL 33023

Address:

17841 NW 48 Place
Miami Gardens FL 33054Secretary

Name and Title:

Wette Oliver - VP

Name and Title:

Address

2940 NW 152 Terr
Miami Gardens FL 33054

Address:

Name and Title:

Rita Williams - Treasurer

Name and Title:

Address

1781 NW 51 St.
Miami, FL 33142

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: Rita Thomas
Address: 3621 SW 70 Avenue
MIRAMAR, FL 33023**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rita Thomas
Address: 3621 SW 70 Avenue
MIRAMAR, FL 33023

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.

Rita Thomas

Required Signature of Registered Agent

12/8/20
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.

Rita Thomas

Required Signature of Incorporator

12/8/20
Date