

121000010546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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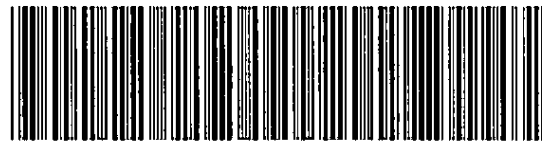
(Business Entity Name)

(Document Number)

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9/7/21

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SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: The City of Palatka Homeowners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4040 N.W. 19th St.
Apt. E-411
Lauderhill, FL 33313

Mailing address, if different is:

1525 Nelson Avenue
3E
Bronx, N.Y. 10452

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Establish a successor homeowners
association that advocates for the underserved of the
city as well as procures and sources resources
for those who seek them. Furthermore, the association
intends to establish covenants with the board of county
commissioners as per the Putnam County Ordinances
Sec. 45-541-542. Exclusively & specifically an exempt org. mentioned
under section 501(c)(3) of the Internal Revenue Code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Group
discussion then the majority vote wins

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mecsha A. Samuels, COO
Address: 4040 N.W. 19th St, E-411
Lauderhill, FL 33313

Name and Title: Nakami K. Walker, CFO
Address: 4040 N.W. 19th St, E-411
Lauderhill, FL 33313

Name and Title: Julian Walker, CIO
Address: 4040 N.W. 19th St,
#E-411
Lauderhill, FL 33313

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: K. H. Walker

Address: 1217 Short Street

Palatka, FL 32177

ARTICLE VII INCORPORATOR

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

Name: Vincent Osbourne Walker

Address: 4040 N. W. 19th St. E-411

Cluckernhill, FL 33313

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/02/2021 (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

K. H. Walker

Required Signature of Registered Agent

8/26/2021

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.

Vincent Osbourne Walker

Required Signature of Incorporator

8/27/2021

Date

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