

NZ10000012060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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08/24/21--01001--027 **18.75

2021 SEP 20 AM 8:26

COVER LETTER

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

SUBJECT: New Liberty Resident Council
(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: Crystal Corner
Name (Printed or typed)

1410 NW 67th Street, #212
Address

Miami, FL 33147
City, State & Zip

786-250-8440
Daytime Telephone number

Crystal5882@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2021

CRYSTAL CORNER
1410 NW 67TH ST #212
MIAMI, FL 33147

SUBJECT: NEW LIBERTY RESIDENT COUNCIL
Ref. Number: W21000116670

We have received your document for NEW LIBERTY RESIDENT COUNCIL and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 321A00020381

2021 AUG 24 PM 1:53

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

ARTICLE I NAME

The name of the corporation shall be: New Liberty Resident Council, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1410 NW 67 Street, #212

Miami, Florida 33147

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 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: Crystal Corner, President Name and Title: Joyce Fleming, Recording Secretary

Address 1410 NW 67 St, #212 Address: 1339 NW 68th Street
Miami, FL 33147 Miami, FL 33147

Name and Title: Dorothy Edmonds, Vice-President Name and Title: _____

Address 6319 NW 13th Place Address: _____
Miami, FL 33147

Name and Title: Carolyn Umobit, Treasurer Name and Title: _____

Address 6329 NW 13 Place Address: _____
Miami, FL 33147

2021 SEP 20 AM 8:26

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: Crystal Corner, President

Address: 1410 NW 67 St. #212

Miami, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Crystal Corner, President

Address: 1410 NW 67 St. #212

Miami, FL 33147

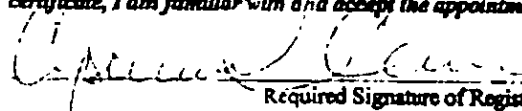
ARTICLE VIII EFFECTIVE DATE:

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.)

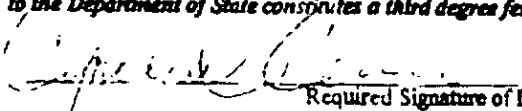
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

3/5/21
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

3/5/21
Date

2021 SEP 20 AM 8:26