

N22 000010013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

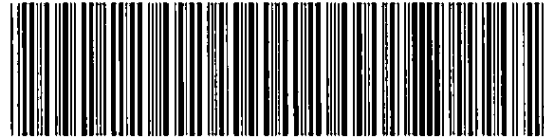
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200393556392

S. CHATHAM
AUG 30 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 AUG 30 PM 1:41
TALLAHASSEE, FLORIDA
2022 AUG 30 PM 3:05

COVER LETTER

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

SUBJECT: NORTH-CENTRAL ACTION COMMITTEE, 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: LEN JOHNSON

Name (Printed or typed)

3600 S. STATE RD 7, SUITE 38

Address

MIRAMAR, FL 33023-5288

City, State & Zip

(305)318-1007

Daytime Telephone number

lmj@accountant.com

E-mail address: (to be used for future annual report notification)

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

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 08/30/22

NAME: NORTH CENTRAL ACTION COMMITTEE, INC.

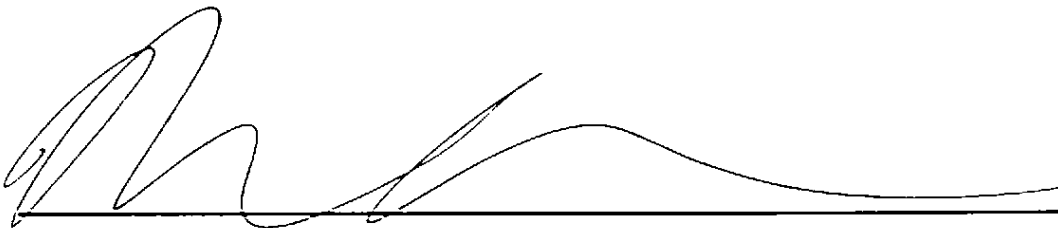
TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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

ARTICLE I NAME

The name of the corporation shall be: NORTH-CNETRAL ACTION COMMITTEE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
3600 S. STATE RD 7

SUITE 38

MIRAMAR, FL 33023-5288

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RAISING AND SPENDING FUNDS TO PROMOTE
POLITICAL GOALS.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 AUG 30 PM 3:05

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: MAJORITY VOTES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>SOREL JACQUES</u>	Name and Title: <u>LENWORTH JOHNSON</u>
--------------------------------------	---

Address: <u>854 NW 204th STREET</u>	Address: <u>3600 S. STATE RD 7</u>
<u>MIAMI, FL 33169</u>	<u>SUITE 38</u>

PRESIDENT

MIRAMAR, FL 33023-5288

Name and Title: <u>ANCELEAU JOSEPH</u>	Name and Title: <u>TREASURER</u>
--	----------------------------------

Address: <u>864 NE 90th STREET</u>	Address: _____
<u>MIAMI, FL 33138</u>	_____

SECRETARY

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address: _____	Address: _____
_____	_____
_____	_____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 AUG 30 PM 3:05

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: JOHNSON & ASSOCIATES ACCOUNTING LLC

Address: 3600 S. STATE RD 7, SUITE 38
MIRAMAR, FL 33023-5288

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lenworth Johnson

Address: 3600 S State Rd 7, Suite 38
Miramar, FL 33023-5288

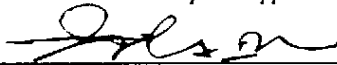
ARTICLE VIII - EFFECTIVE DATE: 09-01-2022

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

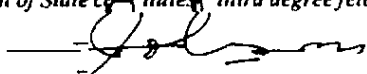


Required Signature of Registered Agent

08-29-2022

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

08-29-2022

Date