

N23000006122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

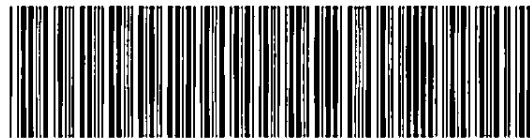
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Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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23 MAY 18 PM 9:35

SECURITY
TALLMANSVILLE, MISSISSIPPI



2023 MAY 18 AM 11:40

SECURITY



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 05/18/23
Order #: 1215656-1
Re: WYNWOOD NORTE NEIGHBORHOOD ASSOCIATION INC.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number

I20000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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23 MAY 19 23 PM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: WYNWOOD NORTE NEIGHBORHOOD ASSOCIATION 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

SECRET
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

23 MAY 18 PM 9:35

FILED

FROM: Jamie Mandel

Name (Printed or typed)

3921 Alton Road #465

Address

Miami Beach, FL 33140

City, State & Zip

917-593-1644

Daytime Telephone number

jbmandel@dlccapmngmt.com

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: WYNWOOD NORTE NEIGHBORHOOD ASSOCIATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3921 Alton Road #465

Miami Beach, FL 33140

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PRESERVE, PROTECT AND ENHANCE OUR NEIGHBORHOOD, AND TO WORK TOGETHER WITHIN OUR
OUR COMMUNITY AND WITH DEVELOPERS AND OUR CITY AND COUNTY OFFICES TO ADDRESS THE NEEDS
AND CONCERNS OF OUR NEIGHBORHOOD AND TO STAND IN SUPPORT OF THOSE NEEDS AND CONCERNS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leila Centner, Director/Chairperson

Address 3921 Alton Road #465
Miami Beach, FL 33140

Name and Title: Jamie Mandel, Director/Vice Chair

Address: 3921 Alton Road #465
Miami Beach, FL 33140

Name and Title: William Riley, Director/S/T

Address 16343 SW 256th St
Homestead, FL 33031

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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23 MAY 18 PM 3:35
SECRETARY OF STATE
ALLAHBACH

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: Corporation Service Company

Address: 1202 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jamie Mandel

Address: 3921 Alton Road #465

Miami Beach, FL 33140

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/15/2023 (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

Alexis Weiland-Sorenson, ACP

Required Signature of Registered Agent

05/18/2023

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.

Jan

Required Signature of Incorporator

5/16/2023

Date

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23 MAY 18 PM 9:35
TALLAHASSEE, FL
SECRETARY OF STATE