

NA23000007875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

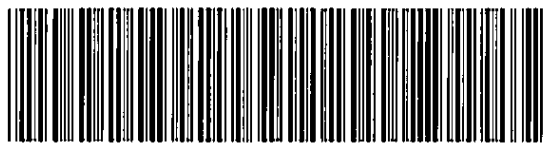
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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6/30/23

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2023 JUN 30 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FL

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2023 JUN 30 AM 7:24

COVER LETTER

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

SUBJECT: South City 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

FROM: Roderick Arnold
Name (Printed or typed)

P.O. Box 7673-32314
Address

Tallahassee, FL
City, State & Zip

850-629-7331
Daytime Telephone number

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

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

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

ARTICLE I NAME

The name of the corporation shall be: South City Neighborhood Association Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

P.O. Box 7673 - 32314

P.O. Box 7673 - 32314

625 E. Magnolia Dr

Tall. FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: preserving and enhancing The South City neighborhood as a desirable Residential Community. Protecting natural beauty of the neighborhood. TO engage the residents and city in educational events.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Residents

within neighborhood boundaries vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roderick Arnold - Chair Name and Title: _____

Address: 625 E. Magnolia Dr. Address: _____
Tallahassee, FL 32301

Name and Title: Gordon Cox - Secretary Name and Title: _____

Address: 707 E. Magnolia Dr. Address: _____
Tallahassee, FL 32301

Name and Title: Yvette Champion - Treasurer Name and Title: _____

Address: 933 Splendor Rd. Address: _____
Tallahassee, FL 32301

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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: Roderick Arnold
 Address: 625 E. Magnolia dr.
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gordon Cox
 Address: 207 E Magnolia dr.
Tallahassee, FL 32301

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 TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/30/2023 (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

RK [Signature]
 Required Signature of Registered Agent

6/29/2023
 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.

[Signature]
 Required Signature of Incorporator

[Signature]
 Date
06/29/2023